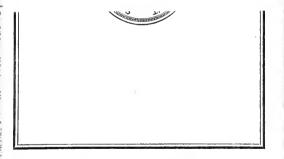
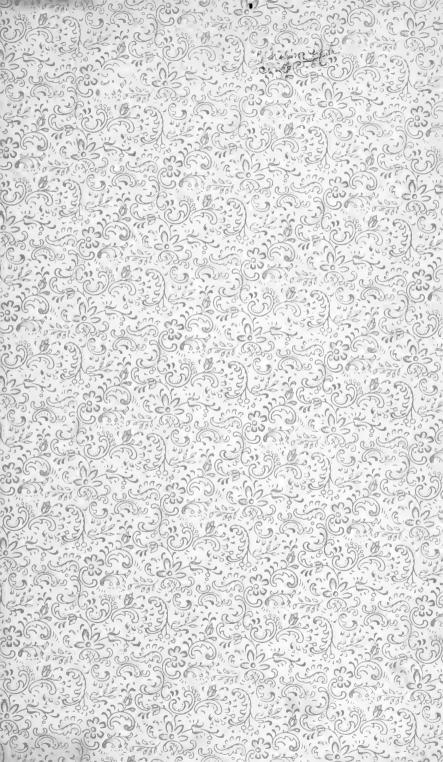
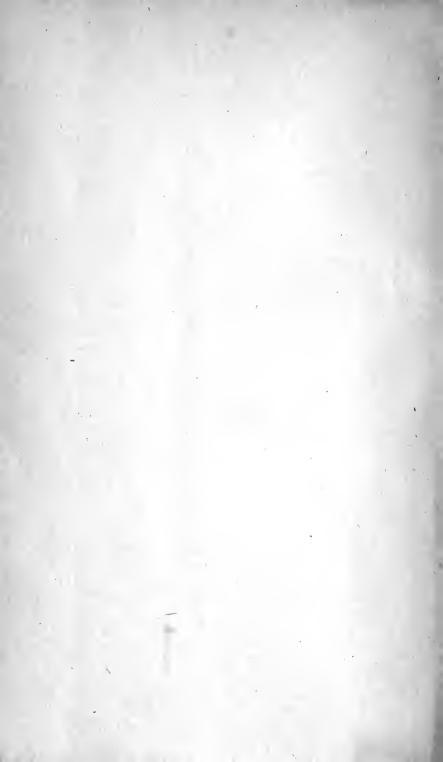


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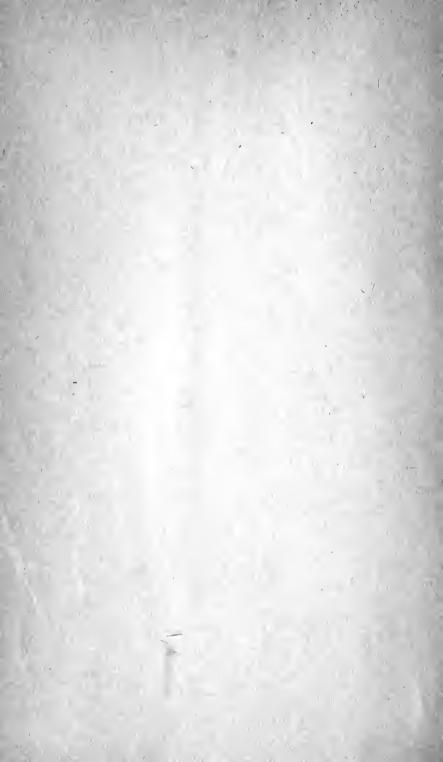












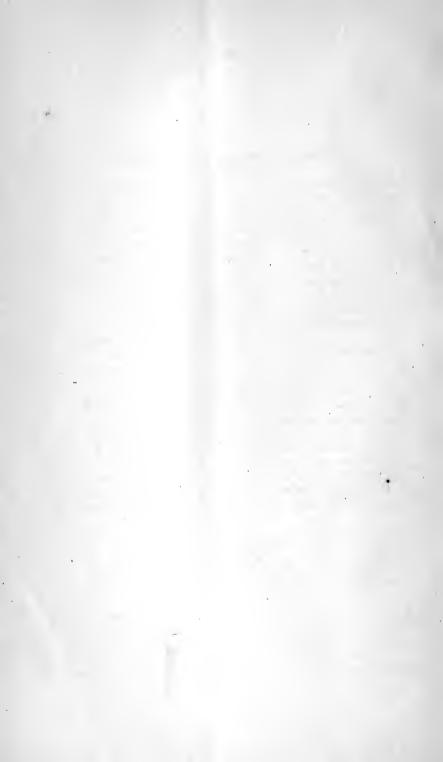
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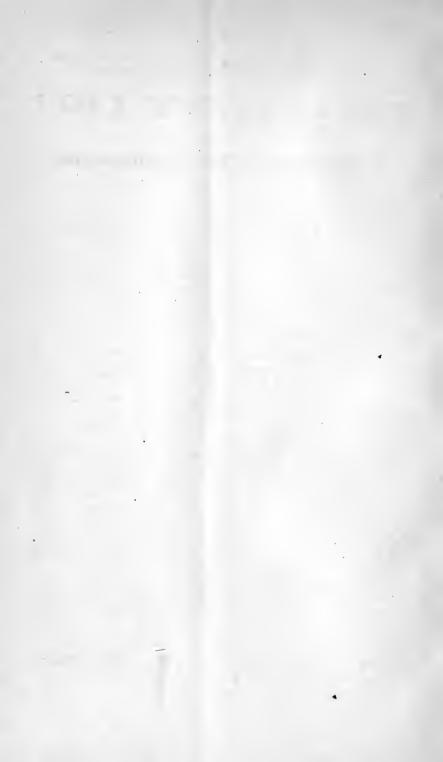
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ORIGINAL COMMUNICATIONS.

PREGNANCY AND PARTURITION WITH A CANCER-OUS CERVIX UTERI.

By Professor Middleton Michel, M.D., Charleston, S. C.

The varied phases of its life-work point to the uterus as an extraordinary organ. With what wonderment have anatomists looked upon a little organ of almost scirrhus hardness transformed normally into an immense sac of muscular walls, endowed with miraculous expulsive powers, in which no trace of original structure is discoverable until involution again restores its former texture.

Its biological history, just as wonderful, is periodically expressed in a sanguineous flow, which escaping thus in the same amount from any other mucous surface would constitute disease; while pathological conditions that would interdict the possibility of normal functional activity in any other organ are occasionally found in no way to interrupt the perfectly natural performance of its complicated operations!

To one of these diseased conditions, I now allude, as having reecutly presented itself, though it is the first time within my personal experience in which it has occurred. This was cancerous involvement of the neck of the womb, which did not prevent conception, gestation, nor final delivery which passed safely through its normal stages.

Mrs. G. H. about thirty years old, the mother of several children, believing herself pregnant consulted me with reference to the frequency of a bloody discharge unattended by pain which recurred almost every time she had sexual intercourse. An examination revealed unmistakable disease of the entire neck, too extensive to permit of its excision, particularly as there were signs of pregnancy of which she seemed quite sure. A saturated solution of carbolic acid and alum with glycerine was used as an injection awaiting the further development of positive pregnancy. The husband assured me that there had been no suspicion of disease as there was no pain, though there was often a bloody discharge, but only after connection.

Deeming little could be done at best, especially under existing circumstances, instructions were given to continue the injections and to suspend all marital relations during their employment. Though very despondent in suspecting that I must have discovered disease since resort was had to repeated injections, she continued in her usual health and went through the nine months of gestation almost as comfortably as on previous occasions.

When called to the confinement I watched the progress of the case with some apprehension, and was struck by the absence of any unusual symptoms; indeed had I not been aware of the previous history above given I would not have suspected any complication. She was in due time and without any particular inconvenience delivered of a well-developed girl-child, now alive and in good health; though she herself survived only three months in such a state as not to have been able to take eare of her infant.

Though cases of the kind have been recorded, they are by no means common and they are certainly suggestive in some particulars. Of the mysterious functions of the uterus two phenomena, at least, are still exercising the cristic element in the minds of biologists: the one relates to the passage of the seminal fluid into the womb; the other to the regular occurrence of labor precisely at the termination of the ninth month. The varied explanations of the probable mode of occurrence of these two events which have been offered, have been all referred more or less to the condition of the cervix.

The diffusion of the spermatic fluid over the mucous surface of the uterus and even along that of the devious pathway of the fallopian tubes is a matter of direct observation in which it is seen coursing along until it reaches the ovaries; but the difficult solution is the penetration of this procreative fluid *into* the uterus, especially into the virgin uterus whose cervix presents characteristic features and a structure in no respect calculated to account for the ready entrance of even a liquid into the eavity of this organ.

Some have supposed that a spasmodic gaping of the os occurs consentaneously with the venereal orgasm and that this suction-like force draws the vivifying element into the organ. It is true that this is stated to have been witnessed under artificial excitement, but we can scarcely accept such an explanation in those instances in which no orgasm or even crythism has occurred: as when impregnation takes place where rape has been committed, or under other conditions in which no particular excitement has been experienced. Comparative anatomy shows, also, the circuitous route in some animals which the semen must pursue ere it reaches the uterus; so that any such vis a fronte force, even if it indeed occur, must be wholly dissipated before the fluid can be brought within such influence. But in the pathological state of the cervix which is here described, it is wholly impossible that a function, such as has been argued exists, could be brought into play when the parts are destroyed by cancer.

The cause of labor at a fixed time has been referred to the constantly slow but obscure contractions which beginning at conception continue throughout gestation on the part of the uterus which grows and is developed through this very activity. The organ is viewed by this theory as a part of the oviduct arrangement through which the fœtus is being expulsed and which never reaches its maximum of expulsive power until the reduction or withdrawal of such conditions as prevent the full exercise of its activity. The struggle here is chiefly to overcome the retentive obstacle of a rigid cervix, the last to yield. Another explanation ascribes this phenomenon to the laws of molecular physics,—the dynamics of muscle and nerve. An electric state due to blood-supply establish opposite states of electricity without and within the sheath of the nerve by chemical changes of nutrition, which maintain the muscular fibre relaxed and at rest; but so soon as changes in the cervix uteri occur at the ninth

month, this blood supply is interrupted, for the head descends into the pelvic excavation, presses upon the neck, its vessels, and nerves, and then reflex autocratic muscular contractions of determinate power ensue and labor now becomes definitely established.

Though, in my opinion, the cause of labor is due to steatogenic changes in and obliteration of the vessels of the decidua, which then is expulsed just as deciduous teeth in children are thrown off by their vessels being obliterated, yet, we have adduced the above-mentioned theories to show the play which a healthy and rigid cervix uteri undergoing its normal changes is supposed by many to exert over the But without the undue importance that may be parturient act. attached to the agency of the cervix in these speculations, the wonder yet remains how the uterus with a malignantly diseased cervix should remain so unaffected, sympathetically or functionally as to become the theatre of normal activity throughout the prolonged and vigorous histological operations which must ever accompany gesta-Such a reflection particularly impresses the gynecologist who so constantly recognizes the radiating reflex influences emanating from a simple lacerated, ectropial, granular, or cystic state of this cervix. It is, therefore, in this connection that interest be attached, we think, to the case thus briefly put upon record.

REPORT OF THE CHAIRMAN OF THE SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

Read before the Medical Society of North Carolina at Tarborough, N. C., May 16th, 1883.

By J. M. Hadley, M.D., LaGrange, N. C.

Limiting myself to a review of the progress of Obstetrics and Gynecology for the past twelve months as nearly as possible, I find it difficult to give a comprehensive view of the subject.

I think I am safe in saying, that there has been but little of that audacity in surgical gynecology which has marked several years immediately preceding. These branches of medicine seemed to have reached a stage, where it becomes necessary to examine and test old

methods, rather than enter upon new problems. Upon the whole we must consider this a more healthy condition, than that feverish excitement, which found no gratification except in the announcement of some bold and startling adventure in surgery. In these latter remarks we refer more particularly to gynecology.

THE USE OF FORCEPS.

The more extended use of obstetrical forceps, in general practice, is a marked feature of the advance which is being made in obstetrics. Notwithstanding that such an instrument, so attractive to the young physician for its possibilities in extricating not only their suffering patients from difficulty, but in bridging them over difficulties, it is rather surprising that the general use of obstetrical forceps has been only recently adopted. No doubt there are many younger members of the profession who can recall the name older practitioners who in long years of practice had never applied forceps, or even owned a pair.

It is not necessary, or in place, to go into an extensive examination of the history of the introduction of the forceps. We think that the chief reason they were so little used by practitioners of a past generation, was because only a few students were taught clinical obstetrics, the large majority of them never having applied forceps even to the mannikin. Then the influence of the older authors rather deterred physicians from their use, first by the complex directions given, and then by the warnings about dangers to the maternal soft parts. To some physicians the warning of Blundell was ever sounding in their ears: "Beware of the perineum."

I have stated the general observation as to the use of forceps, without giving my assent to the meddlesome midwifery which such an increased employment of them would indicate in the minds of some. I am satisfied though that this increased employment does not indicate an increase of meddlesome midwifery, but ensues rather from a more practical method of teaching obstetrics. Another potent influence, has been the greater familiarity that medical men got during army service, with capital operations in surgery, thereby giving more boldness, and self-reliance to the profession. Many of us who had only seen the ordinary run of civil practice, had difficult surgery thrust upon us, and taught in a school of necessity, we

brought home with us much of the enterprise, which a surgical atmosphere engendered. Whether I am correct or not in my reasoning, I am confident that I am correct in my belief, that obstetrical forceps are now more generally used, and that the *laisser faller* practice at the lying-in couch, in this country, will soon be a thing of the past.

THE INFLUENCE OF TOBACCO ON MENSTRUATION AND PREGNANCY.

This is not a new subject. Even as far as 1878, when Dr. E. F. Ashe, of Wadesborough, called the attention of the profession to the serious anæmia which the use of snuff induced among women, and that this anæmia caused some fearful post-partum hemorrhages, the subject had become a matter of anxious thought by the profession in this State.

In an article in the Annales de Gynecologie by Dr. Piasceki, on the Influence of Tobacco Manufacture on Menstruation, Pregnancy, and New-Born Children," is another phase of the same subject, which will be of interest to us. Dr. Piasecki examined 540 women employed in the tobacco manufacture at Hayre, with reference to the general influence of tobacco on their generative functions. conclusions were: (1) Tobacco cannot be regarded as an emmena-(2) The various labors to which the fabrication of cigars, etc., give use, produce no unfavorable influence on the work women. (3) It has no injurious influence on pregnancy. (4) Abortions are not more common among the work-girls of the manufactory of tobacco at Havre, than among other women in town. The eigar girls, who are more sedentary in their habits are those chiefly affected by miscarriages. (5) The mortality among the new-born children was considerable, 233 deaths in 376 births. These deaths did not depend, however upon the employment of the mother, but upon the general unsanitary condition by which they were surrounded.

I have quoted this more because it is recent, rather than for the conviction such a paper would earry.

I think it would be a study well worth the attention to enquire into the influence which tobacco has upon menstruation, pregnancy, parturition, and the life of the infant.

Dr. Evans, of Florence, S. C., in a report to the South Carolina Board of Health writes as follows:

"No form of using tobacco is so repugnant to every feeling of delicacy and refinement as the disgusting habit of dipping snuff, which is practiced by females belonging to the lower class of white people in the South and West. The favorite preparation of tobacco used for this purpose is Scotch snuff. These women use brushes made of small twigs, with which they rub their teeth or chew after being dipped into snuff. The mouth, teeth, and lips are deeply stained with the tobacco, and, as they seldom relieve themselves of the excessive flow of saliva by spitting, a considerable quantity of snuff reaches the stomach. They jealously conceal the practice from strangers and persons whom they suppose are not addicted to the habit. It is considered almost a breach of hospitality not to provide snuff and twigs for brushes to their friends and associates when visiting their houses. The althea, on account of the facility with which its bark strips, its agreeable flavor, and the fine, white and tough fibres of the wood, is prized very much as a material for brushes. I have known this ornamental shrub to be cultivated by some families solely with a view to this use.

"Persons who take snuff in this manner for any length of time have a striking and characteristic appearance. Usually they are very thin and emaciated and the subject of marked anamia. The feature which strikes us as the most peculiar and interesting is the discoloration of the skin. The complexion of the fairest blonde will lose its transparency and whiteness and assume a yellow tint, which in many instances deepens and becomes positively dark and swarthy. I believe, too, it has a similar effect on the color of the hair, giving it a darker hue, and at the same time rendering it dry and harsh and less glossy. These women are martyrs to dyspepsia and the neural-gias, always complaining of loss of appetite, lumps in their throats and shifting pains in every part of the body. They are great coffee drinkers, and when they have the means to keep a supply on hand usually drink freely of it through the day. Coffee is a very good antidote for the depressing effects of tobacco, and I have no doubt these people drink it for the relief it affords them for the debility and sense of sinking from which they so often suffer. All of the baneful effects of excessive chewing are found in exaggerated degree in individuals who take tobacco in this way. Their children, more especially the girls acquire the habit at an early age, usually before they enter their teens. The frail body, pallid face and pinched

features contrast painfully with the-plumpness and ruddy hue and glow of healthy children. The pallor of some of these children is distressing to behold; the skin is almost of marble whiteness, and there is an absence of color in the lips, and even in the tongue. The abdomen is somewhat tumid and there is some enlargement of the spleen. They are listless and quiet and sedate beyond their years; they seldom engage in play, but are content to look on from indisposition to take part and from sheer breathlessness. Finally, a sub-febrile state ensues, attended by more or less diarrhea, which medicine is powerless to control. While the use of tobacco in this form may not be the sole cause of this profound anamia, yet it is the prime factor in producing it, aided, perhaps, by an inherited weakness of constitution and poor and unsuitable food. The importance of preventing children from acquiring the habit of using tobacco in any form cannot be too strongly impressed on parents."

HOT WATER IN OBSTETRICS AND GYNACOLOGY,

Hot water as a therapeutical means in the arrest of post-partum hemorrhage is steadily growing in favor. Like all useful things, "it is used for everything." but it will ere long take its proper therapeutical position. Many good reports have come to us in the past year. In a very interesting paper by Dr. Lebedoff, (London Medical Record, May, 1882) he tells us that he uses vaginal douches in post-partum hemorrhage, at from 110° to 117° F. Only very stout patients, quite insensitive to heat, required the use of water at 122° F., and the repetition of them every half an hour four or five times successively.

We believe it is in pelvic cellulitis that hot water injections are the most valuable agent. Nothing facilitates the absorption of inflammatory products, in peri- and para-metritis, and metritis, so effectually as hot water douches, repeated every two hours for some days.

UTERINE HEMORRHAGE.

As our experience in agents known as hemostatics accumulates, it seems that there is something still more desirable. We know that it is the custom with good obstetricians, to employ ergot, to anticipate post-partum hemorrhage, by giving full doses just before labor

terminates. In the case of primipara, for instance, this routine practice has some disadvantages. Suppose a primipara has a full dose of ergot just as the head is bulging the perineum. By the time the birth is accomplished, and secundines are removed, you have active contractions. These contractions continue for several hours, if your ergot happened to be of good quality, and your patient will probably have such considerable pains as to require an opiate. A primipara should not have these hard after pains, and the dose of ergot, cannot be regarded otherwise than as a harmful dose. For this and for other reasons, good practitioners are abandoning, or will abandon this plan as far too routine, and look for others. We have at our command the hot water douches, attainable with less preparation than the ergot, even in the lowliest home.

CINNAMON IN POST PARTUM HEMORRHAGE,

The attention of the profession has been recently called to an old remedy, by a writer in the North Carolina Medical Journal:

"Mrs. ———, a multipara, had a miscarriage at the fourth month. Secundines were believed to be entirely removed. She got up rather early and undertook fatigue ill suited to her condition. Shortly after she went to bed with uterine hemorrhage, which lasted four days, and yielded to ergotine. I believed that the patient had hemorrhage because of an old cervical laceration. Hemorrhages recurred at variable intervals until six weeks after the miscarriage she was taken down with violent pains and slight hemorrhage, at which time, shreds of placenta were expelled. For several days this state of things lasted, the patient having considerable fever. From this time she was confined to the bed four weeks.

"The uterus was thoroughly examined, it being in a patulous condition, but no remnants of secundines were found. Several clots were turned out. The hemorrhage still persisted with accompanying pain. Jamaica Dogwood in teaspoonful doses every five hours relieved the pains but produced constipation, contrary to my former experience. The hot douche was faithfully applied as hot as it could possibly be borne. Fl. ext. ergot was given in teaspoonful doses every three hours, in conjunction with the douche, but without avail.

"Styptic applications (Monsel's solution) were applied to the

uterine eavity without avail. Now, what appeared to be the regular menstrual flow came on, and all treatment was suspended.

"A lady friend called to see my patient, and advised her to use cinnamon, as it had relieved her in similar circumstances. I did not object, and after waiting for the time to elapse calculating it for a usual menstruation, she tried the remedy. A decoction of one half ounce of powdered cinnamon was made in a half pint of water. At 11 o'clock the first dose was taken, and by 1 o'clock the flow became paler, and so continued to diminish until next morning, since which time there has been no sign of hemorrhage. You can imagine my surprise when I found that the first two authors I consulted, Stillé and Farquharson mention the power of arresting uterine hemorrhage as one of the properties of cinnamon.

"I looked further and found that Wood and Bache, Emmett, the scholarly old West, all mention the remedy but 'damn it with faint praise.'"

Yours truly,

J. R. L.

CINNAMON AS A UTERINE HÆMOSTATIC.

Since the correspondence of J. R. L., in the November issue of the North Carolina Medical Journal, on the use of cinnamon in the arrest of uterine hemorrhage, we have had further experience, tending to substantiate what our correspondent has written.

The eireumstances are these:

A multipara had uterine hemorrhage during four months succeeding her seventh labor.

Examination revealed a subinvoluted uterus, with a deeply lacerated cervix. The woman was anæmic and feeble from great loss of blood.

The line of treatment adopted was after the usual course—rest with the exhibition of ergot, gallie acid and other medicines by the mouth, and styptic tampons into the vagina. All these failed.

A decoction of powdered cinnamon was given over night and an examination made the next morning in the genu-pectoral position. As soon as the beak of a Sims' speculum was put in place, a copious hemorrhage followed. A solution of 3 i to 3 jv) persulphate iron was then injected rapidly into the cavity of the uterus, and the altered blood came away slowly in a stream of about the consistency of soft mush. The uterus was then wiped out with a pledget of

cotton wet with iodized phenol (Battey's). These failing, and the hemorrhage returning, the patient was put to bed and a decoction of cinnamon (1 oz. to 1 pint of water) was administered; and under its influence the hemorrhage ceased. Large clots were expelled the first 24 hours, but subsequently there had been no return of the hemorrhage.

While this subject requires more extended trial we do not believe it is premature to claim for cinnamon, for the arrest of uterine hemorrhage, a place of more importance than that of ergot, gallic acid, or any other reputed hemostatic. We hereby restore an old drug to a position long ago claimed for it and learn the lesson which the best therapeutists should not be above learning—not to despise a remedy because it is common place and has only the recommendation of the old women.

A second article, on the same subject, an editorial in the JOURNAL confirms this by additional experience. Since then we note that considerable interest has been felt in the ultimate standing it may take.

- 1. A good draught of the infusion can be taken by most patients without rejecting it.
 - 2. It does not cause violent pains like ergot.
- 3. Its action is sufficiently speedy, arrest of hemorrhage being accomplished many times in from one to three hours.
- 4. It is an article so much used in cookery, as to be easily attainable.

TRANSFUSION IN UTERINE HEMORRHAGE.

During the past year the discussion of transfusion either of blood or milk has not occupied a prominent place. We think it must be because the professional mind had settled into a conviction, that the operation has its dangers and its inconveniences, does not admit of the delay necessary to hunt up suitable apparatus, and cannot be resorted to in time to promise success. We have noted, though, another suggestion in regard to transfusion, which is worth investigation.

Dr. Bischoffin (Correspondenzblatt für Schweitzer Aerzte) reports a case of post-partum hemorrhage, in which the patient was in a state of extreme collapse, pulseless, respiration 42, cold extremities, etc., and could not be relieved by posture and stimulants. The

left radial artery was exposed, divided, and the central end ligatured; a vulcanite canula was passed into the distal end of the vessel, and through this, by means of a piece of India-rubber tube and a funnel, previously purified by immersion in carbolic lotion, 1,250 (about 4 ozs.) of a six-tenths per cent. solution of sodium chloride, alkalinized by the addition of two drops of liquor potassæ were injected in the course of an hour. During the transfusion, the patient rallied, the pulse was 122, and she finally recovered. He points out that there were none of the usual signs of oppression, etc., met with in other transfusion cases. He thinks the amount injected should be at least a pint, and that liquor soda should by preference be used to render the solution alkaline.

It will be remembered that this kind of injecture into the circulation (it should not be called transfusion) was performed many years ago in the collapse of cholera, and with claimed success. It is well to keep it in mind, and investigate it as opportunity arises.

RESUSCITATION OF THE NEW-BORN.

The application of hot water in uterine ailments, in abortion, in uterine hemorrhage, &c., has already been spoken of, but still there remains another application of hot water, in resuscitation of the newborn, as recommended by LeBon. Dr. Rusanovsky relates a very interesting and instructive case (London Medical Recorder, May 15, 1882) of asphyxia neonatorum, in which, after entirely unsuccessful application of the usual methods, he resolved, in extremis, to try hot water treatment, lately recommended for the still-born by LeBon. As there was no bathe at hand, the author took a common iron pail, filled it with very hot water, and at once immersed the infant (who was pulseless and cold), leaving free the head alone. One minute afterwards-eighty-seven minutes after birth-the first inspiration was made, and the child's life was saved. The author points out that LeBon's method is exceedingly simple, easy, conveniently practicable under all circumstances, and does not fatigue the obstetrician. As to the rationale of the method, the author is of opinion that the first inspiratory movement results from the powerful exciting influence, produced by hot water upon the peripheric nerves of the skin, and from the subsequent reflex action of the respiratory centre in the medulla oblongata.

PREMATURE DELIVERY FOR THE PREVENTION OF BLINDNESS.

Dr. Edward Loring, of New York, (Obstetric Gazette, February, 1883) gives a paper which covers ground quite new to many of us. Cases of blindness coming on suddenly during pregnancy, due to albuminuria, are very distressing, and indeed threaten permanent disaster.

1. That examinations as to the conditions of the eyes of pregnant women should be made much more frequently than they now are; and that these should be made in a routine manner, even when the patient does not complain of any disturbance in vision, since it has been discovered that about one-third, or thirty-three per cent. of those who have an organic lesion of the retina or optic nerve from kidney trouble, either have none, or make no complaint of any reduction of vision. This seems almost incredible to the general practitioner, but the old ophthalmologist has become only too painfully aware how often, and for how long a time eyes may be affected with an inflammatory process of great intensity and yet give rise to no complaint on the part of the patient. Thus a retinitis or a neuro-retinitis, which, in its primary stage, may exist, and often does, for months unsuspected by either the patient or physician, may lead, after a long interval, through the secondary or atrophic state to complete blindness.

From the fact that no complaint is made of any loss of sight until near the end of the pregnancy, it has been assumed that the trouble did not begin until that time. I am inclined to think, however, that while this is no doubt true, especially of the cases of uramic origin, there are very many cases, especially those dependent on albuminuria, in which the trouble really began long before; and that the eyes if examined, would often have give evidence of disease long, oftentimes months, before the explosion took place which has cost many a mother her eyesight, and oftentimes her life, both of which, by a timely examination and a timely operation, might have been saved. I will even go so far as to say that evidences of albuminuria not infrequently show themselves in the eye before any manifestation can be had in the urine.

It will be said at once that it is requiring too much of the general practitioner or obstetrician to suppose that he shall acquire the requisite skill to use so difficult and intricate an instrument as the

ophthalmoscope. That the opthalmoscope in its widest sense is one of the most difficult of the instruments used for the detection of disease is, I admit, perfectly true, as it is that few obtain a perfect mastery over it. But the same is true of the microscope. great microscopist there are thousands who daily use the instrument with the success in the detection of disease, and it might with a little attention, be the same with the ophthalmoscope. Much as I admire the high standard of skill which some of those specially trained to its use naturally acquire, nevertheless, I firmly believe that the sphere of its greatest usefulness, and therefore of its greatest triumphs, will one day be in the hands of the general physician, and especially in those of the obstetrician. Thus, Mr. Eales reports that a single physician was able to furnish him for examination, from a single hospital in Birmingham, twenty-eight cases of neuro-retinal disease from kidney trouble in one year, while out of 11,000 cases of general eye disease at the eye infirmary only four such cases were seen.

- 2. I would conclude that where a marked deterioration of vision has occurred, with or without ophthalmoscopic changes, and where blindness is threatened, premature delivery is not only justifiable, but often demanded.
- 3. When a permanent loss of division has occurred from a preceding pregnancy, premature delivery in a subsequent one, when surrounded by its proper safeguards, is not only justifiable, but at times absolutely necessary, and that, further, when a loss of vision, either temporary or permanent, has once resulted from gestation, it is the duty of the family physician or obstetrician to explain, both to the wife and husband, that the cause of the trouble is a constitutional and not a local one, and there is every probability of recurrence of the trouble in succeeding pregnancies which may lead, not only to the destruction of vision, but even to loss of life.—N. Y. Medical Journal, Jan. 20, 1883.

THE EFFECTS OF CILLOROFORM AND OTHER MEDICINAL AGENTS AND VACCINATION ON THE FETUS.

The investigations under this head have extended over a large number of years, and the record is immense, but still all the physiological and therapeutical aspects of the case have not been final and satisfactory. The question of the effects of chloroform on the fœtus have been variously estimated. Upon the whole, the vast weight of opinion favors the harmlessness of it to the fœtus. It is doubtless true that the mother may be so deeply narcotized with chloroform, during a prolonged labor, that fatal narcotism of the infant would result. But according to the usual plan of giving a few whiffs of the drug to the patient, as soon as she gives warning of approaching pain, that is in the interval between the pains, the anesthesia only reaches the stage of beginning oblivion, and in such quantities can do no harm

We have a recent experiment by Hoffmeier, of Berlin, who examined the urine of several children born while the mother was under the influence of chloroform.

He discovered that for the first twenty-four hours, the urine and its constituents were increased. This was but a trivial discovery, and the weight of accumulated experience goes to show that chloroform is never safer than when administered during labor. The effects of morphia upon the suckling child after its administration to the mother has also proven harmless.

The old question of the influence upon the fætus in utero of a vaccination performed upon the mother has again been brought, and discussed with renewed vigor, in the light of the advance of knowledge of animal inoculations, and the behavior of microscopic organism in the blood current.

We quote the following from the North Carolina Medical Journal of March, 1883:

VACCINATION DURING PREGNANCY: ITS EFFECT ON THE FŒTUS.—A recent number of the Zeitschrift fur Geburtshulfe und Gynakologie contains a laborious article by Dr. Carl Behm, of Berlin, on the above subject. The question whether the blood-changes wrought by vaccinia germs affect the fœtus in utero as well as the mother has been a good deal discussed on merely theoretical grounds. Bollinger formulated the doctrine that the placenta formed a kind of physiological filter by which corpuscular matters in the maternal blood were held back, and prevented from contaminating the fœtus. But since then Spitz and Albrecht have detected the spirillum of relapsing fever in the blood of the new-born infant—an observation which appears to refute the dogma of Bollinger. He has, consequently, since retracted the proposition; and, believing it possible for blood-poison, whether corpuscular or not, to pass from the mother to the fœtus, he has stated that when a pregnant woman is successfully vaccinated the fœtus participates in the

infection, and, it of course follows, in the protection conferred thereby. The same view has been taught by Curschmann. These conclusions are supported by certain published cases in which the vaccination of children, whose mothers had been vaccinated during pregnancy, was effected without result. Isolated cases, however, prove nothing, for the failures may have been due, for instance, to bad lymph, or to unskilful performance of the operation. The most numerous observations are those of Burckhardt, who vaccinated twenty-eight pregnant women; but, of their children, in only eight was the inoculation successful. This series, however, was not tested as it should have been, by the vaccination, with precisely the same kind of lymph and in the same manner, of children whose mothers had not been vaccinated during pregnancy. Opposed to these are the observations of Gast, who vaccinated 16 mothers during pregnancy, and subsequently every one of their children, with success. This divergence in the results of experience led Dr. Behm to investigate the matter. He vaccinated 47 pregnant women, but was only able to get at the children of 33. Of these 33 mothers, 22 were vaccinated in the tenth lunar month of pregnancy, 10 in the ninth, and one in the eighth. In 4 the vaccination was ineffectual, in 3 of them the non-success being proved to be due to the lymph employed. In the remaining 20 pregnant women successfully vaccinated, in 7 the vesicles were not good, but in 22 the inoculation produced perfect and typical vaccine vessels. Of the 33 children, 25 were vaccinated successfully, 8 uusuccessfully. Of these failures, 6 were (by test vaccinations on other children) shown to be due to bad lymph. In one of the other two the lymph used, although it produced vesicles in other children, did not produce good ones. In the remaining case the lymph employed was good and potent. But this case, Dr. Behm remarks, ought to be tested by repeated inoculations before concluding that the non-success was due to protection acquired in utero from the vaccination of the mother. The children of the four mothers in whom vaccination had failed were vaccinated with perfect success. Of the remaining 21, in 15 perfect vessels were the result; in 6 the vesicles were slightly modified, being few in number or small, but all ran a typical course. Dr. Behm, therefore, concludes that vaccination of the mother during pregnancy has little, if any, influence on the feetus; but it is possible that it may sometimes protect the fœtus. He concludes with an argument for the re-vaccination of pregnant women, and the vaccination of infants as early as possible.-Medical Times and Gazette.

VACCINATION DURING PREGNANCY.—At a meeting of the Boston Medical Society, Dr. Martin showed a specimen of a fœtus which had contracted vaccinia in utero from the mother. Illustrates Dr. Meigs' statement that "vaccination during pregnancy is murderous."—Boston Med. and Surg. Jour.

NEGATIVE EFFECT OF VACCINATION OF FŒTUS—In the Maryland Medical Journal, January 15th, 1883, Dr. Powell reports the case of a lady in the eighth month of pregnancy, whom he vaccinated successfully. Since her confinement her child has been vaccinated and has had a typical crust and scar, showing the absence of any protective influence from the mother's vaccination.

OXYTOCCIC EFFECTS OF QUININE.

This question was reviewed during the year. Dr. R. L. Payne, Jr., of Lexington, maintained the negative of the proposition in *Gaillard's Journal*, and his views are endorsed by a great many good physicians. The experience of Southern doctors in the use of quinine during pregnancy is being published quite voluminously now, so that persons in possession of the monographs of Prof. H. F. Campbell, M.D., and Prof. O. F. Manson, M.D., and Dr. Payne, before mentioned, would have the best views on the subject extant.

For the past year a controversy has been going on, to prove the priority of the discovery of treating displacements, and hyperæmia of the uterus, by packing the vagina with cotton. The method is advocated by Dr. Bozeman, of New York, and Dr. Taliaferro, of Atlanta, is new as to all its details, nevertheless this plan has been employed in some way for many years. Our attention was called to it many years ago, in treating vaginal gonorrhea. After many unsuccessful courses of treatment we consulted Scamzoni. Although an author rather on the old fogy list, we got substantial help from his suggestion. He recommended the incorporation of powdered alum into the fibres of cotton, and packing the vagina. The theory was, that the cotton would absorb the secretion, the alum would exert a remedial effect, and the plug of cotton separates the vaginal walls widely and thus overcome friction. Doubtless many such devices have no date of discovery, being suggested by experience and worked out gradually.

At any rate, the mode of treatment, if it proves successful, will surely supersede many of the far-fetched contrivances now in use, and pluck the laurels from the grasp of the young specialist, who generally makes his *debut* by attaching his name to a new pessary.

If it were only maintained that the ill-consequences attributed to displacements were their occasional and rare results, of course figures would not prove the contrary. But the very reverse is held. The displacements are held to be the keystone of uterine pathology; the fons et origo of most uterine symptoms; conditions which only exceptionally exist without causing suffering. Against such a view the statistics are absolutely conclusive. The broad fact that the displacements are quite as common in the healthy as in the sick, must be explained or shown to be erroneous, otherwise it is fatal to the mechanical system of uterine pathology. That which is most surprising is that, notwithstanding the many years that this theory has been before the profession, has been advocated, discussed and practiced, no one until quite recently should have ever thought of investigating the primary and fundamental question raised in the researches to which we have referred—the question upon which depends the whole theoretical edifice.

In no department of medicine has there been a greater reaction than in gynecology. The surgical side has certainly reached the zenith of its fame. If the active cultivators of this branch of medicine will begin now to broaden the foundations of the science and art, there need be no danger that they will raise too high a pinnacle. But "not proven" is marked upon so much of the boasted curative results of surgical gynecology, that a sober-minded general practitioner must await a maturer development, before he burdens himself with the expensive outfit necessary to follow the specialist.

A CASE OF ENCEPHALOID TUMOR OF THE FEMUR.

Read before the South Carolina Medical Association, April, 1883.

By RICHARD M. MOORE, M.D., Hagood, S. C.

On the 29th day of November, 1882, I was called in haste to attend Mr. D. H. S., aged 26 years. When I arrived he informed me that while running, his left leg had failed very suddenly; that he had fallen, and on making efforts to "get on his feet again" he found that he could not, on account of the great pain produced. I found him pallid, and his features expressive of great agony. Upon examination I found a fracture of the femur at its lower

third, about four inches above its condyles; there was considerable swelling around the seat of fracture, the skin of natural color. Upon further inquiry I learned that he had had pain with lameness and some tumefaction around the left knee for sometime previous to the accident, and had been advised by friends not to go out on the day upon which the accident had occurred; his associates also informed me afterwards that on several occasions, dating much further back, they had heard him complain of stiffness in the joint, but not sufficient to keep him from his usual out-door business, that of a planter. After reduction of the fracture I applied a Dessault's extension splint, which he wore for six weeks; the case progressed apparently as favorably as possible, tumefaction had almost subsided, pain entirely, and union seemed to have taken place, indicated by fimness, absence of shortening, and he sat comfortable for eight days, and once stood upon his feet supported by crutches. Still there remained some tumefaction constituting a tumor, in shape ovoid or pyriform, tense, its base the knee, its apex above not clearly defined, but blending with contiguous tissues, the skin natural in color, and without ædema of the leg; temperature normal, urine colored, pain absent or only slight uneasiness at times. By December 16th, the tumor had evidently increased, until it involved more than the lower third of the thigh, and there seemed to be fluctuation about the patella within the capsule, while the tumor presented deep seated fluctuation in certain portions; the pulse was 84, temperature 99.5°, urine scanty, high colored, acid, but no albumen. With slight variations these conditions obtained unaltered until January 15th, 1883, when my friend, Dr. A. A. Moore, of Camden, saw the patient in consultation; there was now marked increase in size, fluctuation, ædema of leg and foot, temperature 100 1-5°, pulse 95, tongue red and glossy, surface of tumor light dusky red, with enlarged purplish superficial veins.

My friend, Professor Middleton Michel, of Charleston, was sent for on February 3d, aspirated the tumor with Dieulafoy's instrument without conclusive results as to its nature at this time, but with strong presumptive evidence of its nualignant character. After Dr. Michel's return to the city, in my correspondence with him, my notes are:

February 5th. Status about the same; more ædema of leg and foot; local temperature 99.5°; pulse 108, urine high colored, acid reaction; tongue red and glossy; appetite capricious.

February 14th. Temperature 101 1-5°; pulse 96; tumor tense, entire surface penciled with delicate capillaries, a net-work interspersed with purplish spots resembling petechiæ, traversed by tortuous varicose veins.

February 16th. On this day, Drs. A. A. Moore and W. W. Anderson, saw the case; there now was discovered a bruit de souffle, and over parts of the tumor a vibratory thrill or purring tremor could be felt; these manifestations were so evident as to make the diagnosis somewhat embarrassing.

February 20th. We notified Dr. Michel of these recent developments complicating the diagnosis, who replied, he thought malignancy marked the general nature of the tumor and that the pulsation and thrill were sometimes met with in tumors of the kind. Dr. Michel was prepared to operate as a *dernier ressort*, but consent was not given until the 17th of March; on the 18th the operation was performed by Dr. Michel; present, Drs. A. A. Moore, W. W. Anderson, A. J. China, Bull, and F. Butler. From the vascularity of the growth, great skill and dispatch were exhibited, and eight ligatures applied. The patient rallied only partially, and died from shock eleven hours afterwards.

Autopsy.—The contents of the tumor were pultaceous, of a dull white color, resembling brain substance, broken down and mixed in every portion with extravasated blood. Rubbed between the fingers this mass was permeated with gritty particles of bone, as though the disintegrated osseous substance had peppered the whole. The disease had evidently commenced by infiltration of cancer cells, first in the bone, which assimilated all surrounding tissues into its own destructive progress, until the mass was almost looming out at the surface. This growth measured perimetrically twenty-eight and a half inches, extending upwards to four inches below the trochanters, and certainly exhibited what dimensions such malignant tumors occasionally acquire.

I cannot just here pretermit mentioning a case which my friend Dr. Michel related to me as the only similar instance of cancer of the femur which he had met in his practice, more especially as he told me he had never placed it on record.

The brothers Young were well known as industrious and enterprising men in the fishery business of Charleston, and one of these gentlemen, about nineteen years old, suffered from a growth of this kind, which commenced near the condyles in 1866, and in 1867 had invaded the entire thigh, dipped beneath Poupart's ligament, reached the pelvie and abdominal cavities when Dr. Michel was called to see him. This tumor continued to grow with fearful rapidity until it acquired dimensions perhaps exceeding in size perimetrically any similar growth of which we have any record, as it belted nearly five feet before the patient's death.*

Remarks.—An epitome of any case becomes a complemental contribution towards the perfect history of a disease, for no one case, however carefully reported, can include all the phases or expressions of its pathological class. A resumé, in this instance, certainly diseloses one or more exceptional conditions of significant importance not met with always in cancer of bone.

The cancerous development without its characteristic lancinating pains, and without lymphatic involvement, ought certainly to be at once noticed, though cases of a similar nature occasionally occur. This was conspicuous in the instance before us, as the disease in its rapid and extensive growth had already disintegrated the entire bone, infiltrated every tissue, and had exhibited impending ulceration at one point.

The fixedness of dull uneasiness in a single part of the limb, followed by such an extraordinary osseous fragility in a young man, as led to fracture of his thigh bone from a casualty too trivial to mention, points again to the somewhat rare origin of cancer primarily within the medullary portion of the bone, of which we have here an undoubted example from what the autopsy revealed.

Another feature of this case is the consolidation of the fracture, timely, and I may say properly treated, though the callus was so brittle as to have yielded immediately upon the patient attempting with crutches to rest his weight upon its strength. The reunion of the bone here again shows the possibility of such an occurrence during the earlier periods of cancerous growth, so long as the inceptive changes affect the medullary and cancellous portions alone of the bone. In this connection attention may be also called to the remarkable phosphatic deposits noticed in the urine, so indicative as this often is of serious lesions going on in the skeleton somewhere.

^{*}Dr. Michel informs us that, "standing a little beyond the feet of the corpse, when laid out, it was difficult to see !ts face or head over the immense tumor."

This tumor, of high vitality, acquired in a few months extraordinary dimensions, assuming the nature of telangietatic earcinoma, when it then presented a remarkable feature, not unknown to science, though very rarely met with,* in a well-marked thrill and bruit de souffle that imposed the belief in the minds of some who saw the patient that the case was one of aneurismal tumor.

The malignant nature of the growth was pretty well-marked in the partially nodulated and irregular outline presented at first, then in the deceptive fluctuation of certain points so common in encephaloid disease, accompanied with a rosaceous marbling of the surface after the brittle vessel-walls, distended and lacerated, had established transparent vascularization and apoplectic depots in nearly every portion of the mass; so that the hematoid variety of cancer became very apparent to an expert, and this was only too painfully confirmed in the limb becoming rapidly and so entirely involved in destructive disease as to leave but little, if any, room for operative procedure short of disarticulation at the hip. Indeed, this latter operation, scarcely more dangerous than the one ultimately performed, was at once contemplated and proposed by Dr. Michel on seeing the patient, when the constitution, perhaps, yet retained sufficient reserve force to meet the exigencies and probation of a protracted process of repair.

A VENERABLE ITEM REJUVENATED.

An enterprising consul has been sending home to his government the wonderful announcement that by rubbing the chest of small-pox patients with croton oil and tartar emetic, the eruption all appears at the point of application and nowhere else.

In 1865 this old story was revived, went the rounds of medical journals until 1868, during which time the epidemics of small-pox then common, gave abundant opportunities to disprove it.

^{*}Vide, Lenoir, Arch. Ged. de Med., 1836, p. 348, and Prof. Gross, Prin. and Prac. Surgery; Druit, &c.

EDITORIAL.

THE NORTH CAROLINA MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY, PUBLISHED IN WILMINGTON, N. C.

THOMAS F. WOOD, M. D., Wilmington, N. C., Editor.

Country, and especially from the medical profession of The Caro-Linas. Articles requiring illustrations can be promptly supplied by previous arrangement with the Editor. Any subscriber can have a specimen number sent free of cost to a friend whose attention he desires to call to the Journal, by sending the address to this office. Prompt remittances from subscribers are absolutely necessary to enable us to maintain our work with vigor and acceptability. All remittances must be made payable to Thomas F. Wood, M. D., P. O. Drawer 791, Wilmington, N. C.

NOTES ON THE ENDERMIC APPLICATION OF OLEATE OF QUININE.

In the May Journal we printed an interesting quotation from Squibb's Ephemeris on the cleate of quinia. As this preparation will attract the attention of most of our readers, we thought it proper to give some of our experience with it, not because we would rely ourselves or have others to rely upon such insufficient testimony, but rather to induce others to make similar observations and give us their conclusions.

The oleate employed in our cases was composed of one part of quinine (alkaloid) to two parts of oleic acid. The resulting mixture had but little undissolved alkaloid.

The first cases in which the remedy was applied, were those of three infants, two of whom were sick with gastro-intestinal catarrh, and the other with cholera infantum. It was highly necessary in these cases to reserve the stomach for food, and bismuth mixtures to control the diarrhæa. The afternoon temperature in one of the cases reached 103.5°, in another 103°, in the other 102.5°, so that the indication seemed clear for the employment of quinine, and the oleate was selected as the agent.

The fluid was applied to the inside of the thighs and arm-pits first, and then all over the abdomen until it was taken up by the skin, taking care that the fluid did not run. In twenty-four hours 60 grains of the alkaloid was applied. Neither oil-silk nor gutta percha were applied over the annointed surface as directed by Dr. Squibb, and it is possible that in all the applications the mothers or nurses were not equally careful in using it.

In two cases the temperature was reduced in three days to the norm, in the other, the patient an infant 11 months old, died from exhaustion, although the temperature had fallen nearly to the norm, the night preceding death.

Another patient in the fourth week of typhoid fever, with afternoon temperature inclining upwards (102.5° F.) was treated with the cleate of quinine. Two drachms of quinine were dissolved in six drachms of cleic acid, and applied during twenty-four hours, and this amount used daily for six days.

Four specimens of the urine of this patient were tested during four of the days, when induced cinchonism was presumed to be at its height.

An ounce of urine was first slightly acidulated one drop of nitrie acid, (as there was some blood in it, distinguishable to the naked eye and the weather was hot enough to decompose it rapidly) and chlorine water added; finally ammonia water was added, but there was no characteristic green reaction, indicating the presence of quinine.

To rid the urine of coloring matter, one specimen was passed through animal charcoal. Subsequently tested for quinine as above, we failed to get any indication of a trace of quinine.

In order to compare the urine of a patient who had taken quinine by the mouth, with the urine of the one treated endermically, a patient was selected who had taken eighty-four grains of sulphate of quinine in fifty-two hours. The urine from this patient was examined as above, for the presence of quinine, and responded to the test.

Urine from the infants treated could not be eaught, and therefore we have only the four specimens of urine from the typhoid patient upon which to found an opinion as to possibility of cinchonism by the endermic use of oleate of quinine.

From a clinical standpoint, there was good reason to believe that the oleate had reduced the temperature in the infants, but whether the results were positively attributable to the quinine, or simply to the spontaneous subsidence of the fever, or the anti-pyretic influence of the oil applied to the skin, we will not now try to determine. This first employment of the oleate of quinine is given, in hope that others will pursue the study.

So plausible is the endermic method, in those cases as Dr. Squibb says, "where the physician wants to save the stomach" that we are at present rather inclined to attribute our doubtful experimental results to faulty chemistry, than to failure of the drug.

THE MISSISSIPPI LAW TO REGULATE THE PRACTICE OF MEDICINE.

Through the courtesy of Dr. Wirt Johnson, Secretary of the Mississippi Board of Health, we received a copy of the new law regulating the practice of medicine.

It requires that no person shall practice medicine until he shall have received a license, and registers; that a Board of Censors shall be established in each Congressional District to examine into the qualification of applicants; the Board of Censors shall be composed of two sanitary commissioners, and if these disagree in their opinions about the qualifications, that the record of examination shall be forwarded to the Secretary of the State Board of Health to decide; that the examination of candidates shall be in writing, and that no discrimination shall be made against the applicant on account of the system of practice he may advocate; that applicants shall be examined only on anatomy, chemistry, obstetrics, materia medica, physiology, pathology, surgery, hygiene; the license fee shall be fifteen dollars and twenty-five cents; that the licenses when issued by the Board of Censors shall be registered; temporary license may be granted by the Secretary of the State Board of Health in the interval of meeting of Board of Censors but no longer; that physicians now practicing shall receive license without examination upon showing certain requirements; applicants for license making false statements shall be adjudged guilty of a misdemeanor, and liable to \$25 fine, and revocation of license; that "practice of medicine" shall be defined "to suggest, recommend, prescribe or direct for the use of any person, any drug or medicine, appliance or other agency; whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound, fracture or other bodily injury, or any bodily deformity" for fee or reward, excepting females solely engaged in midwifery; that peripatetic quacks shall not be licensed; that judges shall give grand juries at every term a copy of this act; that to violate this act is a misdemeanor punishable by a fine of not less than \$500, or more than \$500, or be imprisoned in the county jail.

There are many valuable features in this law, and we trust the people of Mississippi will give it that moral support without which no law can be operative.

As compared with our State law, it is rather complicated. It has another objectionable feature, in common with the Illinois and West Virginia law, in its association with the State Board of Health. These bodies have no natural connection with each other, and the risk is that the Board of Health may be damaged by this unnecessary addition to its work in hygienies and vital statistics.

In respect to requirements, and fines and penalties, it is far better than our law. If we could only extract the negative in the sentence in our law where it says it shall not be a misdemeanor to practice medicine without our license, our law would be very much improved. We ought to have the courage to seek after necessary influence to secure these amendments.

We heartily rejoice with our friends in Mississippi in this evidence of the moral strength of the profession, and wish them abundant success.

THE DOCTOR'S VACATION.

The most enjoyable of all vacations has not been mentioned by our friends, the editors, who have lately been giving their advice so graciously to their readers.

The vacation we have found to be more thoroughly satisfactory, is to get your patients off for the seaside or mountains, and then

reducing your apparel according to Sidney Smith's suggestion, turn your attention to the delights of reading the long neglected books and journals which have been staring you in the face, with uncut leaves and undisturbed wrappers.

If an uninteresting, or a pauper patient seeks your advice, or wants you to make a call, give him the address of the city physician at the same time tell him what an excellent doctor he is, how full of experience in this particular case.

By this means, you see the books you ought have read, and the cases you promised to prepare for your medical journal, can all be done at your leisure, and in one summer you will be surprised to find how aptly you can "buckle down" to a dry book, and how facile your rusty pen will become.

Another consideration is, the Smith family may be taken sick at Asheville, or Saratoga, and, of course, the local doctors not understanding their constitution, or the mysteries of malaria, you will be summoned to their aid, and get a good fee, and a cheap vacation, to say nothing of the éclat.

Try our plan once, and you will never again go dawdling about country watering places, enduring the gossip and small talk of idle people.

Note on Disinfectants.—Dr. W. E. Buck writes: Most practitioners must have often realized the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglycceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in the solution. The granulations were kept clean, and the fœtor was well kept under. Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap.—British Medical Journal.

REVIEWS AND BOOK NOTICES.

A Manual of Chemical Analyses as Applied to the Examination of Medicinal Chemicals. A Guide for the Deterioration of their Identity and Quality, and for the Detection of their Impurities and Adulterations, etc. Third Edition. By Frederick Hoffman, A.M., Ph.D., and Frederick B. Power, Ph.D. Philadelphia: Henry C. Lea's Son & Co. 1883. Pp. 624. [Price \$4.25].

We know of no book since the days of Faraday's Chemical Manipulation, now long out of print, that has so much merit, and is of so much use to the practical chemist and druggist, as this. As a hand-book in the laboratory, or as a consulting volume for the office table, it is equally valuable. In these days when the druggists of the small cities give up all chemical and pharmacal manipulations, except the simplest processes, and rely upon the wholesale manufacturers for nearly everything they dispense; when doctors are fast becoming strangers to pharmacy—scorning the very odor of the shop, it is gratifying to see that such competent pharmacists and chemists as Mr. Hoffman and Mr. Power have done such a great service to both professions, as to put their valuable experience in book form.

The first part is taken up with the consideration of Reägents and Test Solutions, and this is followed by Qualitative Chemical Analysis. Step by step is minutely detailed, enabling the tyro to proceed without any other instruction.

The Alkaloids are considered in a special division, giving their general characters and method of systematic separation and recogtion of some of the principal alkaloids. In this connection some attention is paid to ptomaines, and directions are given for their differentiation from the alkaloids. The word ptomaine, however, does not appear in the index.

The remainder of the work, is devoted to the consideration of the medicinal chemicals and their preparations.

Only a short time ago the new *Dispensatory* enriched medical science, and here we have another fruit of the precise work of the last revision of the Pharmacopæia. With these two volumes, the druggists and doctor ought to be led back to the study of this neglected department.

A Practical Treatise on Impotence and Sterility, and Allied Disorders of the Male Sexual Organs. By Samuel W. Gross, A.M., M.D. Second Edition. Henry C. Lea's Son & Company. Philadelphia, Pa. 1883. Pp. 176. [Price \$1.50.]

Dr. Gross' statement that the husband in one instance in every six, is at fault in sterile marriages, is a new view of the case to most physicians, and entitles his work to diligent study. If Dr. Gross is right, the most of us have been wrong, about the causes of sterility, and our opinions need to be revised. It would not be at all surprising that a great reaction should come about, and all investigations as to sterility, begin with the examination of the husband.

The work is divided into four chapters. The first gives some general observations and a description of the mechanism of erection, and the remaining section discusses Atonic Impotence, Psychical Impotence, Symptomatic Impotence, and Organic Impotence. These headings are all clucidated by clinical histories, ending with diagnosis, prognosis and treatment.

The second chapter treats of the composition and uses of the semen and prostatic fluid, and Azoospermism, Aspermatism, and Misemission.

The remaining chapters are on *Spermatorrheea* and *Prostatorrheea*.

The volume is beautifully printed and has met with such great success, that a large edition of the work "was rapidly exhausted."

The Untoward Effect of Drugs. A Pharmacological and Clinical Manual. By Dr. L. Lewin, Docent of Materia Medica, Hygiene and Public Health in the University of Berlin. Second Edition Revised and Enlarged. Translated by J. J. Mulheron, M.D. Detroit, Michigan. George S. Davis. 1883. Pp. 216—VI. [Price \$2.00.]

Last year an edition of this work was published by Messrs. William Wood & Co., the translation by Dr. W. T. Alexander. The volume before us claims to be the only authorized translation, for which statement the translator, Dr. Mulheron, publishes a letter from Prof. Lewin. With this difference between rival authors and translators we have nothing to do. We have examined the Detroit edition, and find that several articles have been added to the list of drugs discussed, giving an increase of several pages, estimating the difference in type of the two books.

This work is very interesting, and many hints may be derived from it that might save the doctor from some disagreable results of drugs; but this nor any other volume can give us an insight into the idiosyncracies of our patients, after all we can only arrive at a knowledge of such, for instance, that cherry-laurel water will cause urticaria in a given subject, by actually administering the dose.

Several typographical errors mar the appearance of this edition, but upon the whole the translation is as smoothly done as in its rival. We have not compared the original with either.

Hand-book of Electro-Therapeutics. By Dr. Wilhelm Erb. Translated by L. Putzel, M.D. With 39 Wood Cuts. New York: Wm. Wood & Co., 56 and 58 La Fayette Place. 1883. Pp. 366.

This work is by a distinguished contributor to electrical therapeutics. It is the June number of Wood's Library, now so well known to physicians.

This department of therapeuties has been little studied by the general profession, and a reliable volume in the subject cannot fail to be acceptable. It is written in the form of lectures, describing first the various kind of current, accessory apparatus, and the physics of the diffusion of the current. The Physiological Introduction is embrāced in three lectures, is followed by five lectures on the methods of electrical examination and electro-diagnosis. Part four, on the General Electro-Therapeutics, and Special Electro-Therapeutics, comprises by far the greater part of the work.

The Microscope and its Revelations. By William B. Carpenter, C.B., M.D., IL.D., etc. Sixth Edition. Illustrated by 26 Plates and 500 Wood Engravings. Vol. 1. Pp. 388. Vol. 2. Pp. 354. William Wood & Co., 56 and 58 La Fayette Place. 1883. This reproduction of Carpenter on the microscope will be acceptable to students of microscopy and animal vegetable physiology. Many new candidates for favor have been published since this one first made its appearance, but none from a teacher whose authority is more reverenced. The student is carried on from the first principles of optical mechanism of the microscope, to the higher studies in a very attractive manner.

Transactions of the New York Academy of Medicine. Second Series. Volume 3. 1883. Printed for the Academy. Pp. xxxviii—205.

This is a handsomely printed volume, giving a list of the Officers, Fellows, and Honorary and Corresponding Fellows of the Academy, and a list of contributors to the building fund 1883.

In the table of contents we find the following titles of papers:

"The Galvanic Accumulator for Storing, Dynamical Electricity for Cautery and Illuminating Purposes," by Louis Elsberg, A.M., M.D.; "Lesions of the Orbital Walls and Contents due to Syphilis," by Charles Stedman Bull, A.M., M.D.; "Pyæmic Parotitis," by Charles A. Leale, M.D.; "The Early Diagnosis of Bright's Disease," by T. A. McBride, M.D.; "On Spontaneous Version and Evolution in Shoulder and Arm Presentation, etc.," by Isaac E. Taylor, M.D.; "Some Clinical Observations on Diabetes Mellitus with Cases," by A. A. Smith, M.D.; "Persistent Recurring Reflex Spasm of the Bladder During a Period of over Twenty Years, Resulting in Thickening of its Walls, Dilatation of the Ureters, Hydronephrosis, Death from Uræmia," by Fessenden N. Otis, M.D.; "Cases Bearing on the Diagnosis and Localization of Cerebral Diseases and their Difficulties," by E. G. Janeway, M.D.; "On Excision of the Chance as a Means of Aborting Syphilis," by Prince A. Morrow, M.D.

Means of Aborting Syphilis," by Prince A. Morrow, M.D.

Abstracts of some of these papers have from time to time appeared in the New York medical journals, but in this shape it gives them a value for permanent preservation.

Our readers will already have corrected for us the statement that General Bryan Grimes' narrative of the campaigns in which he was engaged was *disingenuous*. The remotest quality in the composition of General Grimes was lack of candor, and so we endeavored to say at first.

Compulsory Vaccination.—The Maryland Medical Journal informs us that the Maryland courts have decided that compulsory vaccination is legal.

The University of Maryland is soliciting applicants for the chair of Chemistry.

CURRENT LITERATURE.

TREATMENT OF SPINAL CURVATURE BY RECLINATION IN ITS EARLY STAGES.

By EDWARD LUND, F.R.C.S.,

Professor of Surgery in the Owen's College, Victoria University,

Manchester.

I hope to exhibit at the forthcoming meeting of the British Medical Association at Liverpool, a form of couch for the treatment, by reclination, of spinal curvature in its early stage, and weakness of the muscles of the spine, which embodies in its action a principle of treatment for such cases too frequently overlooked.

The couch which I have to recommend, and which will be shown at Liverpool, is designed to carry out by reclination the same principle of treatment as operates in the method of vertical suspension, only in a more gradual and prolonged manner. I have called my couch a "slippery couch," and I think the construction and mode of action will justify the term. I have used it with marked benefit during the last few years, in more than thirty cases, in private practice. It is made in this way. A piece of wood is prepared, of suitable thickness, and about six feet long and eighteen inches wide. At about four inches from one end, a hole is cut through the wood, of circular form and six inches in diameter, with its margin on one surface of the wood slightly bevelled inwards. This end of the piece of wood is to be the upper or higher part, when it is fixed at such an inclination by means of a block or cross-piece as to raise it about one foot at the higher end. It is well to have four wooden legs screwed on, one at each corner, the upper pair being longer than the lower in the same proportion; and to still further influence the angle at which the couch is to be used, by means of extra screw holes in the wood; the longer pair of legs being brought nearer to the foot of the couch, a greater elevation can be secured. piece of wood being so prepared, is covered with several folds of soft thick blanket to about two inches in thickness, the blanket being just the size of the wood on one surface only; over this a piece of well polished black horse-hair cloth is stretched, and being turned tightly over the edges of the board, is nailed underneath, so

as to produce a smooth, somewhat soft, but yet slippery, almost polished surface. Where the blanket crosses over the hole already described, it must be cut across in two directions, longitudinally and transversely, and the horse-hair cloth should be left loose over the same spot, so that, if pressure be here applied, an indentation will be quickly made.

Now, if a couch be prepared in this way, and placed at such an angle of elevation as I have here described, about one part in six of its length, a person lying upon it on his back will soon find, unless he make some effort to resist, that he will quietly slide down towards the lower end of the couch; and if his attention is otherwise absorbed, he will have his feet over the end of the board as he is sliding beyond it. By a very simple device, this tendency to slide or slip downwards may be very beneficially utilized for the object we have in view.

A small, firm, cylindrical pillow is prepared, about the diameter of the wrist, and a foot in length, and this is attached by strong tapes, one at each end of the pillow, and fixed to each upper corner of the couch, the length of the tapes being such as to place the pillow transversely on the board immediately below the lower edge of the hole in the wood. With this pillow in position, and the patient so placed that the pillow may be received into the recess of the nape of the neck, the projection of the occiput falling into the depression made by the hole in the wood, the body is retained in position, and the sliding down is prevented, but yet there is a constant gentle dragging action on the spinal joints from the weight of the pelvis and lower limbs, which will act most favorably in the required direction.

It is desirable, when a patient uses this couch for the first time, that he should try it without the pillow; and, if needful, the elevation of the couch should be adjusted until the peculiar sliding movement is experienced. Then, with the help of the pillow, and the back of the head falling into the recess prepared for it, the patient will be aware of the principle upon which the couch is intended to act, and be more likely to continue its use.

All other conches, such as the Ilkley couch, and couches with a double angular bend to support the knees, or with a foot-piece against which the feet can rest, are entirely opposed in principle to the plan of this "slippery couch." Using them, the patient may

feel rested, and experience some temporary relief; but I know of no way, by reclination, to secure a certain degree of spinal extension, better than to fix the upper segment of the vertebro-cranial axis at one spot, and allow the weight of the lower part to induce direct "self-extension."—British Medical Journal.

DELIVERY OF THE AFTER-COMING HEAD BY THE OCCIPUT.

In the May number of the American Journal of Obstetrics Dr. W. W. Seymour recommends a new treatment for occipito-posterior positions of the after-coming head, when the head is not flexed. He cites a case, in which, after podalic version the occiput had rotated to the sacrum, and asphyxia being imminent he employed strong traction on the shoulders, thus producing extension of the head, and then carrying the body of the child over the mother's abdomen he applied forceps behind the child's body, and delivered with ease. He claims that for facility and celerity that this manœuvre is preferable to that ordinarily recommended in such cases, namely, rotating the occiput to the pubes. In discussing the mechanism of delivery in such cases the writer divides them into three classes, according as the head is extended, flexed, or in an intermediate position. In the In the May number of the American Journal of Obstetrics Dr. such cases the writer divides them into three classes, according as the head is extended, flexed, or in an intermediate position. In the former he concludes that delivery occurs most naturally by increasing extension, which may be facilitated by traction on the shoulders and rotating the trachelo-bregmatic diameter about the symphysis so that the occipital extremity shall coincide with the plane of exit. In the cases marked by flexion, of course the manœuvre is not available, as the occipito mental diameter of five and one-half inches cannot be extended through an oblique diameter averaging only the same measurement in the bones; so that here one must either effect rotation, or, failing in that, increase flexion and carry the body over the mother's perinæum. The latter method is preferred, with the remark, however, that the flexion can be secured best by pulling down on the edges of the orbit rather than by depressing the lower jaw, as the latter may only succeed in opening the mouth, leaving the position of the head unchanged. In cases intermediate between full extension and flexion, he advises ordinarily converting them into the first class, and delivering by extension with the body over the mother's abdomen.

In cases of version even when the occiput is anterior, if the chin has become separated from the chest, the author recommends that rather than waste time in trying to flex it, strong traction be applied to the shoulders and the body carried over the perinæum (instead of the abdomen), the occiput then first emerging at the anterior commissure while the chin hooks over the perinæum. In the occipitoposterior positions, if the head is flexed the forceps would go in front of the child's body which is carried back into the perinæum, while the head being extended (as in his case) the forceps are put on behind the child's body.—Boston Medical and Surgical Journal.

THE RISKS OF "MASSAGE."

Dr. Julius Althaus, M.D., Senior Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, deprecates the use of massage, a practice often now employed where it can be of no service. "It is well known that at various times epilepsy, idiocy, and some forms of insanity, have been treated by massage and gymnastics; but, fortunately, we now hear very little of such therapeutical aberrations.

"It appears to me that diseases of the brain and spinal cord must, on account of the anatomical situation of these organs, be inaccessible to the influence of the massage, which can only be applicable to more superficial parts of the body. Apart from this, however, it is important to consider that many of the most important diseases of these organs are of an inflammatory or irritant character, either primarily or secondarily; and this should make it self-evident that massage should not be used for their treatment, even if the suffering parts could be reached by it. I will here only allude to many forms of cerebral paralysis from hemorrhage, embolism and thrombosis, which are followed by sclerosing myelitis of the pyramidal strands; and most forms of primary lateral, posterior, or insular sclerosis of the spinal cord.

That which may be good for developing and strengthening healthy

muscles, or muscles which have been enfeebled by disuse or certain local morbid conditions, etc., is not for that reason suitable for the treatment of muscular paralysis owing to central disease. In most cases of lateral and insular sclerosis, which are unfortunately, now much treated with massage and exercises, rest is indicated rather than active exertion; and overstraining of the enfeebled muscles acts prejudicially on the state of the nervous centres. I have recently seen quite a number of instances in which the central disease had been rendered palpably worse by procedure of this kind; and in a case of cerebral paralysis which was some time ago under my care, the patient had, after four such sittings, been seized with collapse, which nearly carried him off."—British Medical Journal.

Ivy Poisoning.—The "Poison Ivy," also called "Poison Oak," and in some localities known as "Marcury," is often the cause of great distress. The vine is abundant all over the country, one form being low, running along on banks and rambling over stone walls. Another form climbs the highest trees, clinging to the bark by its many rootlets. It is often confounded with the Virginia Creeper; indeed, we have known it to be planted as an ornamental vine, it having been mistaken for that. The two are readily told apart, the Virginia Creeper having its dark-green shiny leaves five-parted, while the light-green leaves of the poison vine are three-parted. The Poison Ivy is so very abundant, that were all equally susceptible to its influence, we should hear much more of its effects than we do at present. With many, the poison produces only a slight eruption on the skin and an intense itching. Others are more seriously affected. and the face swells up to such an extent that the features are hardly visible. Nearly every locality has its popular remedies for the poison, and new ones are frequently proposed. As a general thing, most cases are relieved by keeping the bowels open by the use of salts, and washing the eruptions with a strong solution of sugar of lead. The latest remedy, which is now going the rounds, is to bathe the affected parts with lime water, applied as hot as it can be borne. This is simple, the remedy is usually at hand, and is worth trying, as other alkaline washes have been found useful. No harm can result. -American Agriculturist for August.

REMARKS OF PRESIDENT ELIOT, OF HARVARD, ON THE MEDICAL PROFESSION, AT THE ANNUAL DINNER OF THE MASSACHUSETTS MEDICAL SOCIETY.

As I am not a physician, I am at liberty to say some things which need to be said, but which the modesty and reticence of the educated physician prevent him from uttering. From certain public discussions which have attracted popular attention during the past five months, it would be easy for hasty or ignorant people to infer that the medical profession was thoughtless of the poor, indifferent to their sufferings, and careless of their fate. Let me bear my testimony that the facts are all the other way. I believe that the medical profession in these days, in city and country alike, renders more direct personal service to the poor and friendless, for clear love of doing good and of learning to do more good; than all the other professions put together. Who give daily services without recompense to sick and wounded poor people in thousands of hospitals and dispensaries all over the civilized word? Physicians and surgeons. The poorest and most friendless man in the city knows that if he meets with a serious accident or is attacked by a grave disease he is sure of the prompt services of the most skillful surgeons or physicians in the community as soon as he is carried to a hospital. Who care tenderly for friendless mothers, sick children, and deserted infants; patiently exerting their best skill to save life, mitigate suffering, and restore health? The physicians of lying-in-hospitals, children's hospitals, and infant asylums. Is it the lawyers who have learned at last how to bring up motherless babies successfully? No, sir, it is the physicians. Who established in Boston those admirable nurseries for babies of the poor working women? It was young physicians, not long out of the medical school. To whom does society owe it that every insane pauper is more humanely and rationally treated to-day than the king's daughter would have been, if insane, two centuries ago? Not immediately to the doctors of theology, or of law, but to the doctors of medicine. Who has delivered modern society in great measure from those horrible plagues and pestilences, like the black death, the small-pox and the Asiatic cholera which periodically desolated Europe but a few generations ago? The medical profession. This immense service has not been rendered for pecuniary rewards, or to the rich and great alone, but

freely to the poor and humble, and chiefly to them. Indeed, gentlemen, if there are any portions of modern society which have especial reason to be grateful to the medical profession for services already rendered, and to promote the advancement of medical science and the improvement of medical education in the sure hope of still greater benefits to come, it is the poorer and less educated portions. They have more need of medical and surgical aid than the well-to-do, for their exposures are greater. It is for them to insist in their own interest that what his excellency, the governor has felicitously described as "the decent and humane provision of the statute" concerning anatomical science be made effective to the end in view. Let them not imagine that the educated physician whose whole life is given to the study and service of the human body and to the alleviation of human suffering, can be without reverence for that body or without sensibility to that suffering. Let them be assured that the improvement of the science and art of medicine is for the common interest of all conditions of men. Even in the present imperfect state of medical science and education it is a rare family, rich or poor, prosperous or miserable, which has not owed the life of at least one of its members to the skill and courage of some good physian. Even now hardly a man or a woman reaches the meridian of life without having owed relief from agony or escape from untimely death to the medical art. From the achieved progress of the past hundred years what may we not hope of the coming? It is for all classes of the community to further to their utmost the development of medical knowledge and skill. That way lies the path of mercy, statesmanship, and reverence for humanity.—Boston Medical and Surgical Journal,

THE INFLUENCE OF CALOMEL ON DIGESTION.

Dr. Vassilieff has found from experiment, that the presence of calomel, at least up to the amount of five grammes, in the alimentary canal, does not interfere with the gastric juice, nor affect the triple influence of the pancreatic fluid on albumen, fat and starch; on mixing the latter fluid with fibrin and calomel, the formation of

certain products, indol, etc., always appearing as a result of prolonged digestion under normal circumstances, is prevented. The gases generated in the process of pancreatic digestion contain none of the usual products of fermentation and decomposition when calomel is present: sulphuretted hydrogen and pure hydrogen are absent, carbonic acid is diminished to from two to ten per cent.; whilst under natural circumstances, from fourteen to fifty-four per cent. is found in the gases evolved by the action of the pancreatic fluid. In fact, calomel prevents all other changes in nutritious substances, save those produced entirely by the digestive secretions, decomposition and retrogressive processes in albumens being entirely checked. Calomel also prevents butyric acid fermentation, as Vassilieff found by experiments on cheese. The action of calomel readily explains the cause of the green color of the faces passed by patients to whom that drug has been administered. Hoppe-Seyler rightly attributed this coloration to the presence of unaltered bile. Now, under normal conditions, bilirubin and biliverdin are changed, by a process of decomposition, into hydrobilirubin, and thus become no longer recognizable in the excretion; but this process is arrested by calomel, and the coloring agents, unaltered, give the faces their peculiar bright green hue.

These researches are described at length by Dr. Vassilieff, in the Zeitschrift für Physiologische Chemie, vol. vi, page 112. He has found that this action of calomel is due to its power over the microorganisms intimately associated with the process of decomposition which takes place in food during digestion. The drug prevents the development of micro-organisms in the digestive fluids, and also destroys any bacteria and micrococci already developed. This fact was proved first by artificial digestion. Vassilieff then made a series of experiments to find whether calomel had the same influence in natural digestion. Thirty grains of calomel were administered to a dog, in two doses, and the animal was killed a few hours later. Under all precautions, the contents of the intestines were then analyzed. Neither indol nor phenol could be found; and it will not be forgotten by those who study contemporaneous physiological research, that other agents—such as salicylic acid—prevent the formation of indol; and that pancreatic mixtures, formed from natural pancreatic juice, or infusions of pancreatic glandular tissue, undergo septic changes with very great rapidity, in spite of all precautions.

None of these changes, nor any formation of indol, occurred in the food taken by dogs to which Vassilieff administered calomel. On the other hand, leucin and tyrosin were found in abundance. Under natural circumstances, these products of pancreatic digestion are so rapidly decomposed, that they cannot be detected in semi-digested food. Hence calomel has no influence on the action of the digestive fluids, but entirely prevent those true retrogressive and putrefactive changes whereby the highly unstable products of these fluids are rapidly decomposed, and micro-organisms quickly developed in great numbers. When calomel enters the alimentary canal, leucin, tyrosin, bilirubin, and other substances, reman unchanged, and bacteria are checked and killed.—British Medical Journal.

Convallaria Majalis.—Dr. Juk (*Proceedings of the Kieff Med. Society*), 1882, Fasc. 1) details four cases, and arrives at the following conclusions:

- 1. The aqueous extract of convallaria is useful in nervous disturbances of the heart's action.
- 2. It does not give any constant and positive results in cases of heart-disease with disturbed compensation. (It is well to add that, of the author's four cases, compensation was absent only in one patient.)
- 3. It does not increase the amount of urine. [Almost all other observers state that it does; see Professor Sée's paper in the Bulletin Gén de Thérapeutique, July 30, 1882, and in the Brit. Med. Jour., February 24, 1883, p. 368; Bianchi's in the London Medical Record, March, 1883. p. 85; Troitzky's, Ibid., April, p. 121. Still Dr. Juk stands not alone; the dinretic action of convallaria is denied, also, by Dr. Stiller, in the Pester Med. Chir. Presse, 1882, Nos. 47 and 48. Rep.]
- 4. The heart's action becomes slower and more regular soon after the administration of a dose, and for this reason the extract of lilies of the valley may be used as a temporary sedative.
- 5. Convallaria does not possess any cumulative action, neither does it interfere with digestion.—London Medical Record.

THE PRODUCTION OF HEAT IN THE BODY.

A discussion of certain heat problems is particularly appropriate at this season. The investigation of Helmholtz, Dulong, Frankland. and Barral have shown quite definitely the source, amount, and loss of heat in the animal body, in other words, the heat-balance during twenty-four hours. The unit usually employed now in these measurements is the "Calorie," which is the amount of heat required to raise one kilogramme of water one degree Centigrade. An adult man breathes in daily about ten thousand quarts of air, of which one-fifth is oxygen. This oxygen is distributed through the body, firing the different tissues. It is at last thrown off in union with C, as CO₂, of which the amount is 878 grammes daily (Scharling). and in union with H, as water, 13,615 grammes daily. The total amount of heat produced by this chemical action of the inspired oxygen is estimated by Helmholtz to be about 2,050 calories. It is an amount of heat that would raise 4,200 pounds of ice cold water from 32° F. to 33.8° F.

But besides this, it is estimated by Dulong that about twenty-five per cent. more of heat is produced from other sources, *i. e.*, from the food. This makes a total of 2,550 heat-units produced daily by an adult man who is not engaged in muscular work.

The heat thus produced is almost entirely lost by radiation and conduction (seventy-three per cent.) and by evaporation of sweat (14.5 per cent.) from the skin. Only about ten per cent. is lost by the lungs, and two per cent. by the excretions and the introduction of cold food and drinks.

The difference, however, between the amount of heat produced during a day of rest and one of work is very great, and the figures are suggestive, if not instructive at this particular time. During active muscular work the amount of heat developed by an adult is more than half as much again as when one is at rest. The ratio can be best expressed as follows: A man sitting quietly in his room, indulging in no excessive vituperation against obtrusive flies, generates about one hundred heat units (calories) an hour. If he falls asleep, this amount sinks to forty or fifty calories per hour. If he wakes up and insanely attempts to chop wood, the amount rises to one hundred and fifty calories or more per hour.

The hygienic deductions to be drawn from the foregoing are:

Keep the body quiet, and the skin active. It is a fact, which should be mentioned here, that large draughts of water do not necessarily produce diaphoresis unless the water is hot. The absolute cooling effect of a large tumbler of ice water is trivial. In raising it to the temperature of the body the equivalent of about ten units of heat is abstracted.—N. Y. Medical Record.

PROGNOSTICATION BY THERMOMETRY.

No part of our art is so interesting as prognosis. For Hippocrates, the best physician is the one who prognoses best; and none made such powerful prognostications as his, which became our fundamental aphorisms. Such is the origin of our store of sapience, to which the antiquity, including the school of Salern, added little; the Renaissance, including Sydenham, a few sentences; and which thermometry has already enriched by some prognosticant aphorisms.

PROGNOSTICATIONS IN DISEASE.

The Master had said: "The signs of improvement must not appear too soon."

A true crisis (our defervescence) must come after the two first periods (the effervescence and the fastigium); if sooner, it is a cause of complications, the period of augment not being well exhausted.

What remains of the disease after the crisis causes the recidive or relapse?

Critical phenomena without true crisis predict a difficult or fatal issue, etc. The modern have not been able to negative any one of these magistral sentences, but have more or less reäffirmed them with the help of thermometry. Wunderlich did it in many circumstances:

Everything else being equal, the danger is commensurate to the mean temperature from the norme.

A series of temperatures at 42° C., (107.6° Fahr.) prognosticate death.

A series from 40° (104° F.) to 41° C. (105.3° F.) prognosticate nine deaths out of twenty cases.

When 43° C. (109.4° F.) is reached, death was unavoidable (Wunderlich) previously to the strict antipyretic treatment (W. Fox, Da Costa).

A fatal issue generally follows a series of temperatures from 40° (105° F.) to 41° C. (105.8° F.) (Hirtz).

A fatal issue generally follows several temperatures of 41.9° C. (107.5° F.) (Hirtz).

When the heat rapidly increases in the effervescence, it will decline according to the same ratio in the defervescence (Hirtz).

When the fever-heat develops slowly, it prognosticates a slow decrement of a protracted disease.

When the temperature affects a continuous type, let us beware of a grave affection.

In typhoid fever, if no remission appear in the latter part of the first septenary, the prognostication is grave (Thierfelder).

A great excursus between the morning remission and the evening exacerbation offers a favorable prognostic (A. Beau).

In forming a prognosis about children, we must always remember the extreme mobility and exaggeration of their morbid ustion (Roger), and the reverse about old people (Charcot).

Here is from Hirsh a tabulated series of prognostications, which we reproduce for their intrinsic value, but more particularly as specimens of what any one of us can condense from his private experience:

PROGNOSTICATION FROM THE LENGTH OF THE PERIODS IN USTIONS.

These types can combine by borrowing one period from one another.

The march of one stade indicates another as follows:

A rapid or short effervescence indicates a fastigium, and a defervescence equally short, like in intermittent.

An initial period of twenty-four hours prepares for a fastigium of a few days, with transient delirium in some inflammatory fever, like a typhus.

The slow and gradual invasion belongs to typhoid fever.

The same computations applied to the second or third stade could afford quite as good an insight into the previous ones, which the physician had no opportunity of observing.—Seguin's Medical Thermometry and Human Temperature.

A DEMONSTRATION OF THE FEEBLE INFLUENCE OF IODINE OVER MALARIAL FEVERS, BASED UPON AN ANALYSIS OF 76 CASES OF INTERMITTENT AND RE-MITTENT FEVERS TREATED WITH THE AGENT.

There have recently appeared numerous reports from medical men in various parts of the world, reciting the virtues of iodine in the treatment of malarial fevers. It is true that these do not all agree as to the exact degree or reliance that may be placed on this agent as an antiperiodic. There are, however, those who claim for it an efficacy not less than that of Peruvian bark, as far as the immediate control of the attack is concerned; and even greater than bark in preventing its recurrence.

It must be confessed, however, that the results reported by various observers do not entirely agree. Here we find an assertion that in chronic malarial poisoning iodine does its work most effectually; there, that its value is nil; in another article we find that it is recommended to render permanent the cure that quinine has begun; in still another, that it is given in combination with quinine, arsenic, etc. On the other hand, we find that by some anti-periodic properties are denied to iodine.

Attracted by the testimony in its favor, and with the desire to definitely ascertain the powers of iodine as an anti-malarial remedy, in view of the ease of its administration, and of its comparatively small commercial value, Drs. I. E. Atkinson and Hiram Woods availed themselves of the opportunity of treating malarial fevers afforded at Bayview Asylum, Baltimore, during the late summer and autumn of the past year (1882), and they record the results in the July number of the American Journal of the Medical Sciences.

Their experience leads them to draw the following deductions as to the use of iodine in acute malarial poisoning:—

- 1. In intermittent fevers it has some feeble influence in controlling the paroxysms.
- 2. It takes usually from three to eight days to exercise this influence.
- 3. In cures effected there is great danger of a relapse; certainly as great as with Peruvian bark.
- 4. It is certain to add to any existing diarrhæa or nausea, and is liable to cause each, if they do not already exist.
- 5. In remittents, its effect if any, is seen in a slow and gradual reduction of temperature, and this reduction is liable to sudden interruptions.
- 6. In both forms of malarial fever it is infinitely inferior to either einchonidia or quinine: certainly as regards the immediate control of the fever, and as far as we were able to judge, as regards relapses also.
- 7. From an economic point of view, the slowness and uncertainty of its action makes its use in *hospital* practice fully as expensive as Peruvian bark.
- 8. There seems to be ground to believe that it can cause albuminuria.
- 9. In the large majority of cases of ordinary acute malarial poisoning it has no influence whatever.—American Journal of the Medical Sciences.

NOTE ON THE FÆCES OF STARCH-FED INFANTS.

The series of experiments presented in the preceding paper by Dr. Keating seems to me to be in the highest degree suggestive, for it is only rational to suppose that the development of the amylolytic ferment of the pancreatic juice is coı̈ncident with the appearance of the

analogous salivary ferment. Inasmuch, however, as the food even in spoon-fed infants is retained but a short time in the mouth, and further, as the continued action of the saliva after it enters the stomach is as yet problematical, the only absolute control for such observations is afforded by an examination of the fæces.

Through the kindness of Dr. Keating I have been enabled to examine the stools of twenty-four starch-fed infants, of ages varying from forty-five days to eighteen months. Twenty-three of these children were fed upon cracker-dust, water, and condensed milk. The twenty-fourth received corn-starch boiled in milk.

The freshly evacuated fæces of each infant were carefully bottled and labelled, and a drop of a solution of iodine was added to a small portion of each specimen, which was then submitted to microscopical examination. Besides turning the starch blue, and indicating the presence of dextrine by a peculiar mahogany-red color, the iodine has the advantage of rendering any fats which may be present much more readily apparent. The reaction of each specimen was taken, but though this varied from acid to alkaline and neutral, no correlation between the reactions and the other properties of the specimens could be observed. A decoction of each was tested for glucose with freshly prepared Fehling's solution, but except in one instance no appreciable amount could be found.

The presence of starch was exceptional and apparently in no degree dependent upon the age of the child. The stools of eighteen out of the twenty-four children contained either no starch, or but a trace, i. e., no more than is frequent in the evacuations of a healthy adult upon a mixed diet. Six of these specimens were from children of three months or less—the youngest being forty-five days old. In many cases the broken and empty cellulose envelopes of the starch granules were clearly discernible.

The six infants in whose evacuations a noteworthy amount of starch was present, were aged respectively three, four, ten, thirteen, fourteen, and seventeen months. The eldest two were in very bad health.

The following is a tabular statement of the age, diet, and appearances of the fæces in the children forming the subjects of this study:

INFANIS.						
No.	Age.		Food.	Starch	Present.	Remarks.
1	45 days.		Condensed milk and cracker dust.	None.		
2	2	mos.	"	Traces.		
3	2		"	"		
4	3	. "	"	66		Twice examined; no fat before inunction, about 10 per cent. after.
5	3	"	"	"		
6	3	"	"	About 1	starch.	
7	3	"	"	Traces.		
8	4	66	Corn starch and milk.	"		
9	4	66	Condensed milk and cracker dust.	None.		Many broken cellu- lose envelopes.
10	4 -	+ "	"	Traces.		Evidences of potato surreptitiously given.
11	5	66	"	About 1/2	starch	green
12	5 -	٠، ١	"	None.	500.	
13			"	"		Many bacteria.
14	6 -		"	"		10 per cent. fat; had had inunctions.
15	8-	+ "	Breast and cracker food.	Traces.		
16	10-	+ "		More tha	n normal.	Many bacteria; evidence of potato surreptitiously given.
17	13	_ "	cc	20 to 30	per cent.	Some glucose present, and indications of dextrine; saliva was found to be inefficient.
18	14-	_ "	46	Traces.		
19		"	"	"		
20		"	"	10 per ce	nt. starch.	Sick.
	14 -	+ "	"	None.	no, staron,	Except a few large cells containing starch from potato
22	17-	_ "	"	"		•
23	17-	_ "	"	Over ⅔ st	arch.	Syphilitic; saliva was found to be inefficient.
24	18	"	"	Traces.		Indications of dex- trine.

The facts presented appear to justify the following conclusions:
First, that many infants of under three months can digest starchy foods

Second, that the individual variations in this regard are so numerous that no broad and general statement can be made as to the period at which infants begin to digest starches; and

Third, that the physician can be absolutely certain that a farinaceous ingredient in the diet of a young infant is beneficial only by an examination of the dejecta under such diet.—Philadelphia Medical News.

CYSTOTOMY BY A MODIFIED LATERAL METHOD IN CERTAIN CASES OF ENLARGED PROSTATE.

Mr. Reginald Harrison, F.R.C.S., Surgeon to the Liverpool Royal Infirmary, writes:

"Within recent years, I have had cases where it has been expedient to make an opening into the bladder from the perineum, in preference to other measures, the usual means of relieving obstructed micturition, or the consequences arising therefrom, having failed or proving insufficient.

"I may premise by stating that, apart from those cases of obstruction complicated with circumurethral abscess, no such proceeding has been undertaken on the sole ground that catheterism was impossible, though some difficulty connected with the performance of the operation has, with other circumstances, usually been present.

"The selection of a method for opening the bladder should have reference only to the object to be attained, or the contingencies that may arise. If, for instance, we desire merely to introduce the fingerinto it, as a preliminary to extracting a small stone, the median operation answers perfectly; whilst if a larger stone, or an unknown quantity of anything, has to be dealt with, the lateral incision will, as a rule, be preferable.

"It has been advanced by those who favor the median incision, which is practically an urethrotomy, that it is both simple and safe; its admitted disadvantage lies in the comparatively small space it provides for manipulating and extracting; whilst on the other hand,

the lateral incision, though affording more room, is considered to be attended with an increased risk and a greater degree of difficulty, so far as its performance is concerned. The median operation need not necessarily involve anything more than the opening of the membranous urethra. The completed lateral operation further includes the division of structures constituting the neek of the bladder; and it is to this part of the proceeding that any increased risk or difficulty is to be attached.

"A little reflection shows that it is possible to closely assimilate the lateral with the median operation, that is to say, to dispense with the incision, not to the staff, but along the staff should it be found, on exploration with the finger, that the additional room which the latter part provides is unnecessary for the object in view. It need hardly be said that this modification of the lateral method, where it is found, on digital exploration, to be feasible, frees the operator from executing the only portion of the operation to which any increased risk is attached; whilst, on the other hand, he has the consciousness that, should it turn out to be necessary, he can, by the completion of the deep incision along the staff, avail himself of all the advantages which are conecded by surgeons to the lateral method of opening the bladder." Mr. Harrison illustrates his method by the description of a case.—British Medical Journal.

OBSTRUCTION OF THE BOWELS—FÆCAL VOMITING— RECOVERY.

Mr. George R. Fraser, L.R.C.P.E., of Wark-on-Tyne, Northumberland, writes:

"On April 11th, at 10 P. M., I was hurriedly sent for to visit a lady, aged about 45, who was said to be suffering from "cramps of the stomach." She was in bed, vomiting frequently, and complained of intense pain of the stomach and bowels. Her pulse was little affected, her tongue clean, her temperature normal, and her bowels had been freely moved twenty-four hours previously after the use of aperient medicine. I prescribed bismuth with hydrocyanic acid, and also a full dose of tineture of opium, under the impression of having to deal with a case of acute gastralgia. The treatment had no

marked effect; for upon visiting her five hours after, I found she had passed a restless and sleepless night. The pain was sometimes acute, and the nausea and vomiting recurred frequently. I was shown a hand-basin containing upwards of a pint of distinctly fæcal material which she had just vomited, and her breath had also a strongly fæcal odor. The real nature of the case was now apparent. On careful examination, I could ascertain no cause of strangulation; no external hernia, nothing abnormal within reach by the rectum, and no abdominal tumor existed, and fæcal impaction could not be looked upon as probable. Copious injections failed to show that obstruction was complete. The abdomen was distended, and the pain, as already noticed, often most severe. The early appearance of fæcal vomit was remarkable. In all the circumstances I ascribed the symptoms to a twist, or to an intussusception at some point in the course of the small intestines. If due to intussusception, might not the purgative taken by the patient have had something to do with its production? We know that invagination is apt to arise from causes that produce increased irritability of the bowel. The stercoraceous vomit enabled me to form an early diagnosis, a point of the greatest moment in these cases, as it enables us to adopt a rational course of treatment. Better leave such cases entirely to nature, than administer a single dose of drastic medicine. No time was lost in placing the patient under the influence of opium. The drug was given as tineture, but generally in the form of powder, frequently repeated and continued throughout the attack; and no food of any kind was taken, for which, indeed, the patient expressed no desire. Ice was not procurable, but cold spring-water and soda-water were enjoyed in small quantities, frequently repeated to allay thirst. The effect of the opiate was soon apparent. Vomiting became less frequent, no doubt from the influence of the drug in controlling intestinal peristalsis; and the patient became comparatively easy, and had some rest. The characteristic vomit continued to recur at much longer intervals. Occasionally the rejected material was merely a greenish fluid, consisting, no doubt, of the water swallowed mixed with bile. The symptoms were now less acute, but distension increased. Warm fomentations were constantly applied, and injections given occasionally. On the third day she was seen in consultation by Dr. Ridley, of Gateshead, who suggested operative means, or at least tapping, for the purpose of relieving the tympanites,

which was now becoming extreme, and that possibly the bowel might right itself. Her friends, however were averse to any form of surgical interference; and the treatment was continued as hitherto, with the addition of nutritive enemata, and the free use of belladonna liniment to the abdomen, as recommended by Dr. Ridley. The opiate maintained its soothing influence, but the symptoms became more urgent. Hiccough was constant in the evening; tongue red and dry; pulse 134; temperature not taken. She had another good night, and in the morning looked decidedly better than on the previous evening. She had two attacks of fæcal vomiting during the day, but rested well. It was now the fifth morning, and the last upon which sickness and stereoraceous vomit appeared. Her pulse was good, and her expression cheerful. In the afternoon she informed me that "something had liberated itself in her inside," and that she was passing wind since I saw her last. A liquid motion followed soon after from the bowels, which contained a few firmer pieces of freces of the size of hazel-nuts. From this date, her improvement was uninterrupted. She soon regained her usual health, and has since remained perfectly well.

"Invaginations are said to be of frequent occurrence, giving rise to temporary derangement of the bowel, and they are also believed to become soon disentangled by the normal peristaltic movements. If this were a case in point, the favorable result was probably due to the free use of opium. Had purgatives been used, fatal strangulation would, I think, have inevitably supervened. A timely diagnosis would render the purely medical treatment of these cases more successful than it has hitherto been."—British Medical Journal.

THE NORTH CAROLINA PHARMACEUTICAL SOCIETY will hold its next annual meeting in the city of Wilmington on the 8th day of August.

Among the matters of interest common to both medical and pharmacal professions, is a conference between the State Medical Society and the Pharmaceutical Society, on additional precautions for the prevention of mistakes in dispensing poison.

Mr. Wm. Simpson, of Raleigh, is President, and Mr. James C. Munds, of Wilmington, is Secretary.

HUMAN MILK COMPARED WITH COW'S MILK—INFANT DIGESTION—COW'S MILK.

In the *Medical News*, July 21, we find valuable contributions to the comparative study of woman's milk, and cow's milk, and also new investigations into the composition of farinaceous food, Liebig's food, and milk foods, by Prof. Albert R. Leeds, Ph.D., of the Stevens Institute of Technology. Prof. Leeds gives the result of forty-three analyses of human milk, and eleven samples of market milk, and comments as follows:

When we compare woman's with cow's milk, it is the great differences and not the similarities which surprise us, and demand study, recognition, and utilization in the solution of the problem of artificial infant's food. In woman's milk we have a persistently alkaline liquid, of a somewhat animal, usually disagreeable, and very rarely sweetish taste, of somewhat greater specific gravity (1.0317) than cow's milk (1.029). Although it has less water, and greater total solids, and total solids not fat, than cow's milk, it is by no means so opaque, and with its thin and watery consistence gives us a notion the reverse of true with regard to its real composition. Agreeing with cow's milk in the fact that the milk-sugar in both is the chief solid, it differs in that its milk-sugar largely exceeds the milk-sugar of cow's milk. It likewise exceeds in fat. In albuminoids it falls And whilst by present modes of analysis the separation of the so-called albumen is not accurately performed, yet the results are approximately correct, and have a very great value in pointing out the most important of all the differences between the two secretions, which is that the fraction of the total albuminoids in cow's milk which is coagulable by acids is far greater (perhaps four times) than the non-coagulable part.

In woman's milk, on the contrary, the reverse is true, and the non-coagulable part much exceeds (perhaps by more than twice) the coagulable portion. And whilst the absolute amount of ash is less, the relative amount of potash is greater, in woman's than in cow's milk.

It would seem that the best solution of the problem of artificial infant feeding is to be found in the substitution of cow for human milk. But, inasmuch as the secretion of the herbivora is radically and in all particulars different from that of the omnivora, cow's milk

is profoundly altered, so as to assimilate, in the ratio and nature of its constituents, human milk.

The mere addition of water in cow's milk is sufficient to reduce the percentage of albuminoids to the same amount as its percentage in human milk. But this addition does little to diminish the size and compact character of the clot of eow's milk. is effected, as far as it actually is effected, which is only partially, by the addition of the various attenuants composing manufactured infant's food, whether that attenuant is starch, gum, sugar, dextrine, or other bland nutrient. This explanation of the utility of manufactured infant's foods accounts for the seeming anomalies in present medical practice, which at first sight appear very startling and inconsistent with generally accepted physiological doctrines. For whilst admitting that the secretions of the salivary and pancreatic glands are insufficient in the early stages of infancy to digest more than very limited amounts of starch, yet physicians frequently use with good results a farinaceous food like Ridge's, which contains 77.96 per cent. of starch, or like Robinson's patent barley, which contains 77.76 per cent. of starch. But when we consider that the utility of this starch is not in the way of infant's food, for which it is not adapted, but as an attenuant of the large amount of diluted milk with which it is mixed, then the seeming contradiction between theory and practice disappears.

The utility of diluting cow's milk until its percentage of albuminoids does not exceed that of human milk, and adding some bland attenuant, is obvious. But the special virtues of the extracting of barley or oatmeal, as compared with starch, and the relative value as nutrients of sugar, gum, dextrine, gelatine, barley, oatmeal, etc., and their relative advantages when thus employed, have been very imperfectly determined. It is much to be desired that new physiological and chemical experiments directed especially to these all-important factors in infant nutrition should be instituted.

We give Prof. Leed's summary for lack of space to detail the result of his investigations of the numerous foods on the market. This valuable contribution should be read carefully if no other reason than to correct the very erroneous opinions contained in an article which appeared last year in Gaillard's Journal.

Conclusions.-I have been frequently asked why I do not publish

my own opinion as to the best of the various foods now in use. To do so would be very unwise for many reasons. But I have endeavored to do what I have regarded as of far more importance than this, which is to praise or blame just as the information afforded by physical and microscopic examinations and chemical analysis demanded, without partiality or bias, and seek out and state the principles upon which, as it appeared to me, the dietetic value of these articles of infant food depended.

To summarise the points which I have endeavored to establish:

- 1. Cow's is in no sense a substitute for woman's milk.
- 2. Attenuation with water alone is inadequate, and chemical metamorphosis, or, mechanically, the addition of some inert attenuant is required in order to permit of the ready digestibility of cow's milk by infants.
- 3. The utility of manufactured infant's food is to act as such attenuants, and as such they take the place of the simple barley and oatmeal water, the sugar, cream, baked cracker, arrowroot, etc., etc., used in former times.
- 4. The results of both chemical and physiological analyses are opposed to any but a sparing use of preparations containing large percentages of starch.
- 5. It is eminently probable that besides acting as attenuants, the matters extracted in the preparation of barley and oatmeal water, and still more the soluble albuminoid extractives obtained at ordinary temperatures (whereby coagulation is prevented), by Liebig's process, have a great independent value of their own. For this reason, instead of employing starch, gum, gelatine, sugar, etc., the use of a natural cereal extractive, containing saccharine and gummy matters and soluble albuminoids as well, such as our great and inspired teacher Liebig himself advocated, is in accordance with the developments of science since his time.
- 6. The use of a food made up of equal parts of milk, cream, lime water, and weak arrowroot water, as practiced for years by the late Dr. J. Forysth Meigs, and recently advocated by his son, Dr. Arthur V. Meigs, is sustained by theory, analysis, and practice. It provides for the increase of fat to an amount comparable to that contained in human milk. It adds alkali to permanent reaction, and to convert easeine into soluble albuminates. It adds a little bland attenuant. And if, in addition, the amount of milk-sugar were

raised, and instead of arrowroot water, barley or oatmeal water were substituted, as the case demanded, it would approach, it appears to me, still more nearly to the conditions required.

7. The perfect solution of the present problem is to be found in the modification of cow's milk by chemical process, so as to make it physiologically equivalent to human milk. The nature of these processes and the results to be obtained, are at present so nearly wrought out, that there is good ground for believing that such a solution of this problem is not far distant in the future.

In the same number of the *Medical News*, (July 21) we publish on page 45 "Notes on the Fæces of Starch-Fed Infants," by Dr. N. A. Randolph, Assistant Demonstrator Physiology in the University of Pennsylvania.

THE COMPOSITION AND PROPERTIES OF MILK.

This is the title of an admirable paper, contained in the Fifth Annual Report of the State Board of Health,* contributed by Edwin E. Calder, Chemist and Inspector of Milk for City of Providence. A synopsis will show how thoroughly the whole subject has been arranged for treatment: "Definition of Milk; Composition of Milk, Effect of Breed and Food; Average Yield; Preservation of Milk; Causes Affecting Quality Supplied any City; Diseased Milk; Skimmed Milk; Milk Inspection and Examination; Laws Regulating the Sale of Milk; Milk Products—Cream—Condensed Milk—Skim-Milk—Butter—Cheese; Comparison of Cow's Milk with that of other Animals; Value of Milk as Food."

The composition of the milk of twenty-one breeds of cattle is given in tabular form, seven of which are by Mr. Calder. It is surprising io see that the fats vary from 9.88 in the Angus breed, to 2.66 in Short Horn.

We extract a table giving the result of analysis of different brands of condensed milk:

^{*}Providence, R. I. E. L. Freeman & Co., State Printers. 1883. Pp. 327,

-								
		Solids.	Water.	Fat.	Ash.	Sugar.	Casein e	
1.	Anglo-Swiss	71.654	28,346	9.851	2.091	59.543	9.169	
2.	Anglo-Swiss	71.893	28.117	10.042	1.974	53,092	6.816	
3.	Auchor	73.124	26.876	10.656	1.935	54.169	6.364	
4.	Eagle	72.137	27.863	9.015	1.666	51.415	10.041	

We do not know where our readers would go to get more information on the whole subject of milk than to this essay.

One more topic bearing on the subject of food for infants we have thought eminently worthy of place in this connection.

TROMMER EXTRACT OF MALT FOR INFANTS AND CHILDREN.

"For several years past we have supplied a considerable number of physicians with Extract of Malt prepared expressly for infants and children, to whose sensitive taste the slight bitterness imparted by hops in our "Plain" extract is sometimes unpleasant. The demand for this special preparation, which is sweet and very agreeable to the palate, has become so large that for the sake of convenience in properly meeting it, we have determined to manufacture regularly and place upon our list The Trommer Extract of Malt for Infants and Children.

"The numerous favorable reports we have received of the utility of this extract in the preparation of children's food, justifies the declaration that in offering it to the public we are supplying an important addition to the resources for the rearing of children, partly or wholly deprived of nature's aliment, the mother's milk. Among the numberless ready-made "Infant Foods" from time to time recommended, the best is probably that made in accordance with Liebig's formula, which, however, never was intended by its originator to be "kept in stock" but to be made freshly as often as wanted; and this requires so much care to be properly done, that Dr. Jacobi declares that it oftener fails than succeeds in the hands of nurses of average intelligence. Liebig recognized that wheaten flour is as much the typical food of the adult as mother's milk is the typical food of the

infant. By the action of the digestive jnices wheaten flour is converted into forms of albuminous and saccharine matter almost identical with the principal constituents of mother's milk. The undeveloped salivary glands of the nursling secrete saliva so poor in diastase that it possesses feeble if any power to convert the insoluble amylaceous part of wheaten flour into soluble dextrine and grape sugar. In "Liebig's Food" the function of saliva is performed by barley malt, which is mixed with the wheaten flour, and, if fresh, promptly accomplishes the purpose. After being ground, malt rapidly parts with diastatic power whether mixed with other substances or not. It would therefore appear to be most desirable to obtain a preparation of barley malt retaining the virtues of the freshly malted grain.

"Having for many years devoted our entire attention to the manufacture of Extract of Malt with the prime object of preserving permanently the full diastatic power of the germinated grain, we feel no hesitation in announcing that the Trommer Extract of Malt for Infants and Children fully represents fresh barley malt of the best quality, in soluble albuminoids, phosphates, dextrine, maltose or grape sugar, and diastase. By its use any person of ordinary intelligence is enabled to prepare from articles always at hand, as bread, crackers, baked flour, rice, pearl barley, etc., an excellent infant food bearing a close resemblance in its composition to mother's milk, and upon which extended experience has proved children thrive remarkably well. By employing this Extract instead of cane sugar for sweetening cow's milk, which is deficient in saccharine matter, is rendered more digestible. The dextrine contained in the Extract greatly augments the secretion of pepsin, the agent necessary for the digestion of nitrogenous bodies in cow's milk. Admixture of it with milk does not lessen the action of diastase, and starchy substances are soon converted into dextrine and grape sugar.

"Among certain classes of people a practice obtains, similar to that which naturalists have observed among some of the *simiadie*, which may be disgusting enough to those even who are not over-fastidious, that instinctively resorted to by mothers who masticate morsels of bread and other farinaceous articles to put into the child's month to be swallowed. The custom is hardly to be commended, but when followed, the child unquestionably reaps the advantage of taking diastase with starchy food and of being thoroughly well nourished.

mixing a little malt extract with the bread it would be more attractive to the child, and the same object would be still more effectively accomplished.

The Trommer Extract of Malt for Infants and Children is rich in diastase. Every package is accompanied by directions enabling those who use it to test its property of converting amylaceous substances so that the goed quality and efficiency of each sample may be readily ascertained by consumers.

It is convenient, because by using it in combination with bread, baked flour, rice, barley, etc., articles always at hand in every household, an excellent child's food may be prepared in a few moments by the nurse or any person of ordinary intelligence.

It is economical. One bottle of the extract is sufficient to convert or digest all the farinaecous food required by a young child for many weeks. At the price which the various ready-made "Infant Foods" are usually sold the public pay from one to two dollars per pound for wheaten flour or bread.

A preparation of malt which does not possess in a high degree this property of converting starch as the saliva does, is of value only because it is a nutritious substance; it does not possess the least value whatever as a transformer or digestor of farinaceous food. It should always be tested for the purpose of ascertaining whether the diastase has been impaired or destroyed, for upon this its utility in promoting digestion and the preparation of food for children depends. The application of the following simple test will enable any person to determine the purity and efficiency of our extract, and for every sample which fails to exert converting power we will promptly refund the purchase money.

The Test—A teaspoonful of this extract should be added to a wine glassful of thick starch paste, prepared in the usual manner for laundry purposes and thoroughly mixed by stirring, (the paste should be warm but not hot, as an excess of heat injures the diastase). In a few minutes the paste will be reduced to a thin liquid and become sweet, showing that the insoluble starch has been converted into soluble dextrine and grape sugar, being precisely the same action that the saliva produces upon bread, rice, potatoes, etc., when those articles are eaten. The test just described is sufficient, but any one desiring to carry it further may add two or three drops of the paste which has become liquified by the action of the extract to about one ounce of pure water. If by the addition of a drop or two of a solution of iodine the characteristic blue reaction does not occur, no starch can be present.

BOOKS AND PAMPHLETS RECEIVED.

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Hand-Book of Electro-Therapeutics. By Dr. Wilhelm Erb. Translated by I. Putzel, M.D. With 39 Wood Cuts. New York: Wm. Wood & Co., 56 and 58 La Fayette Place. 1883. Pp. 366.

The Right Relation of the General Public to State Preventive Medicine. The Annual Address Delivered before the Medical Society of North Carolina. By W. R. Wilson, M.D. (Published Gratuitously by the North Carolina Board of Health.) Raleigh, N. C.: Edwards, Broughton & Co., Steam Printers and Binders. 1883.

The Untoward Effect of Drugs. A Pharmacological and Clinical Manual. By Dr. L. Lewin, Docent of Materia Medica, Hygiene and Public Health in the University of Berlin. Second Edition Revised and Enlarged. Translated by J. J. Mulheron, M.D. Detroit, Michigan. George S. Davis, 1883. Pp. 216—VI. [Price \$2.00.]

A Practical Treatise on Impotence and Sterility, and Allied Disorders of the Male Sexual Organs. By Samuel W. Gross, A.M., M.D. Second Edition. Henry C. Lea's Son & Company. Philadelphia, Pa. 1883. Pp. 176. [Price \$1.50.]

A Manual of Chemical Analyses as Applied to the Examination of Medicinal Chemicals. A Guide for the Deterioration of their Identity and Quality, and for the Detection of their Impurities and Adulterations, etc. Third Edition. By Frederick Hoffman, A.M., Ph.D., and Frederick B. Power, Ph.D. Philadelphia: Henry C. Lea's Son & Co. 1883. Pp. 624. [Price \$4.25].

The Microscopes and its Revelations. By William B. Carpenter, C.B., M.D., LL.D., etc. Sixth Edition. Illustrated by 26 Plates and 500 Wood Engravings. Vol. 1. Pp. 388. Vol. 2. Pp. 354. William Wood & Co., 56 and 58 La Fayette Place. 1883.

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An Alphabetical List of the Names of all Persons Residing in Washington City and the District of Columbia, June 1, 1880, aged 75 Years or More. Copied from the U. S. Census Reports of 1880. Compiled by J. M.Toner, M.D. Reported through the Health Office of the District of Columbia.

On Nasal Cough and the Existence of a Sensitive Reflex Area in the Nose. By John N. Mackenzie, M.D., of Baltimore, Md. From the American Journal of the Medical Sciences, July, 1883.

On a Hitherto Undescribed Malformation of the Naso-Pharynx. Read Feb. 16, 1883, at the Clinical Society of Maryland. By John N. Maekenzie, M.D., of Baltimore. Reprinted from the Archives of Laryneology, Vol. iv, No. 3, July, 1883.

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NORTH CAROLINA MEDICAL JOURNAL.

THOMAS F. WOOD, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

OÖPHORECTOMY, OR BATTEY'S OPERATION. By Julian M. Baker, M.D., Tarborough, N. C.

Mrs. R., of Whitaker's, N. C., aged 35, married, the mother of five children, medium stature, dark complexion, dark hair and eyes; first seen Jan. 1st, 1883. Her history as detailed by herself at that time was briefly as follows:

She had been subject to periodical attacks of hysteria for the last twenty years, dating from the second appearance of menses, and when in her fifteenth year these attacks always occurred near the menstrual epoch, either just before, or after, or during the flow, and had occurred continuously for the period named. There was no relief whatever. They were as certain to come as the "moon to change." Some relief was experienced during pregnancy and lactation when the ovaries were inactive; but with the flow her old enemy returned. Such had been the effect upon the physical and mental economy that she presented a thin, emaciated appearance, a dark jaundiced complexion, and a countenance which clearly depicted departed intelligence. She was a total wreck mentally and physically. These monthly attacks always possessed peculiar and

distinguishing characteristics. While engaged in her ordinary avocations, suddenly, and without previous warning to those around, she would quietly pass into a state of unconsciousness, every muscle in the body became contracted, and rigid; at times irregular, incoordinate movements of muscles of upper and lower extremities; jaws would become firmly "locked," so that no amount of force applied was sufficient to open the mouth: eyes fixed, with a death-like vacant stare and a total suspension of the respiratory movements; pulse quick and feeble and pupils contracted. This condition of affairs usually lasted several minutes, when the mouth would fly open with a characteristic "snap." The respiratory movements would commence in a hurried jerking manner, consciousness return, and all would be well until the next seizure, which usually came on in a few minutes. This state of things lasted with slight cessations for several days, when the character of the convulsions would grow less and less severe, and finally cease altogether, until the next menstrual period. When the mouth would fly open it would be found full of mucous and froth. As consciousness returned, the hands would involuntarily be pressed over the ovaries, and complaint made of pain only in that region.

From this history the diagnosis of hystero-epilepsy was made, and all other means having been exhausted upon her, by other physicians, the operation of oöphorectomy was decided upon. She was placed upon a general tonic treatment, and still further medication employed, hoping, if possible, to so mitigate the attacks, as to render the operation unnecessary. As soon as the operation was suggested to her, she became anxious to have it done at once, with the remark that she would do anything, offering the slightest hope of death or relief. Such a frame of mind as this, illustrates the desperation to which she was driven by this terrible form of hysteria. Accordingly, on May 10th, 1880, with the invaluable assistance of Drs. Bass, Williams, Mercer, Speed, J. R. Staton and Pennington; the operation was performed in the following manner, being that suggested by Dr. Robert Battey, of Rome, Georgia.

The patient being anæsthetized, was placed in Sims' position, and a short broad bladed Sims' speculum introduced. The uterus was seized with a pair of strong forceps and drawn down to the vulva. The vaginal wall hooked with a tenaculum, and the incision made with scissors between tenaculum and uterus into Douglas' pouch and close to the uterine attachment. The finger was then

introduced, and in combination with supra-pubic pressure the ovary was easily brought within grasp. Great difficulty was experienced in drawing them through the opening, resulting from the incision not being made through the peritoneum, this being discovered, and the peritoneum nicked, the ovary was easily extracted. This done the ovary was seized with stout forceps, the chain of écraseur passed around it and the screw slowly turned until it was entirely severed from its connection. No hemorrhage was anticipated but to our surprise it became very profuse, so much so, that a carbolized silk ligature was passed around the stump, when it was returned to the cavity. This ovary was found perfectly healthy, and contained a Graffian follicle just ready to be discharged. (The operation was performed the week before the menses were expected). The other ovary was then drawn down, and found to be atrophied, softened and degenerated to such an extent that it was torn off with the fingers, a ligature passed around the stump and returned as before. The ligatures were passed through the vaginal incision and allowed to hang in vagina, and have since sloughed off and been drawn away, Antiseptic precautions were taken as far as practicable. The vagina was thoroughly eleansed of clots, &c., and patient removed to bed. Recovered without trouble from anesthetic.

AFTER TREATMENT.

First day—morning. Temperature 98.5°. Pulse 84. Morph. sulph., ½ gr., per orem; $\frac{\pi}{3}$ ss. whiskey, 20 grs. sul. quinia, $\frac{\pi}{3}$ iv chicken broth, glass fresh milk. Considerable pain. No nausea. Pulverized opium grs. ii, per rectum.

Evening. Temperature 983. Pulse 85.

Second day—morning. Temperature $101\frac{3}{4}^{\circ}$. Pulse 95. Twenty grs. sul. quinia, morp. sul. $\frac{1}{2}$ gr., $\frac{\pi}{2}$ iv beef tea, $\frac{\pi}{2}$ i brandy, one glass of milk, opiates increased as pain increases. Rested quietly during the night under opium. Lumps of ice passed in vagina afford much relief, both of pain and burning, so much so, that patient prefers this to opium, and calls for another piece to be inserted as one melts. Urine drawn.

Evening. Pulse 92. Temperature 1003°.

Third day—morning. Pulse 95. Temperature 1014°. Fifteen grs. sulph. quinia. Considerable pain. Opiates continued in sufficient

quantity to relieve. Urine drawn every sixth hour by nurse. Has taken food in sufficient quantity and rested quietly during night.

Evening. Pulse 120. Temperature 104°. Twenty grs. sulph. quinia. Peritoneal eavity washed with tepid carbolized water, five per cent. Putrid smell emanates from vagina. Syncope from exhaustion. Brandy given freely. In three hours after washing eavity the temperature was down to 100°. During night had three convulsions similar in character to one occurring before operation, but of shorter duration and less severe.

Fourth day—morning. Temperature $98\frac{1}{2}^{\circ}$. Pulse 85. Slept well after convulsions ceased. Weak, prostrated. Brandy \mathfrak{F} ij, beef tea \mathfrak{F} iv, chicken broth \mathfrak{F} ij. Milk disagrees and is discontinued. Urine drawn. Some tympanites and tenderness. Warm applications directed.

Evening. Temperature 99°. Pulse 84. Ten grs. sulph. quinia. Fifth day—morning. Temperature 98½°. Pulse 85. Slept well. Some pain and tenderness. Opiates, beef tea, scraped raw beef.

Evening. Temperature $101\frac{1}{2}^{\circ}$. Pulse 100. Washed cavity. Twenty grs. quinia.

Sixth day—morning. Temperature 92½°. Pulse 85. Slept well. Nourishment in sufficient quantity. Same directions as previously given.

Evening. Temperature $102\frac{1}{2}^{\circ}$. Pulse 110. Washed cavity. Twenty grs. sulph quinia.

Seventh day-morning. Temperature 99° Pulse 78.

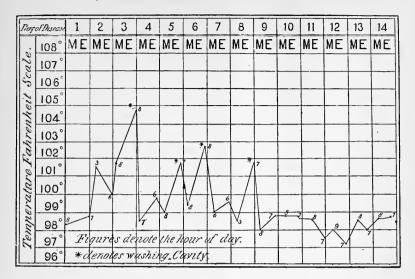
Evening. Temperature 99. Pulse 86. Pain and tenderness almost subsided.

Eighth day—morning. Temperature $98\frac{1}{2}$. Pulse 84.

Evening. Temperature $101_4^{3}^{\circ}$. Pulse 102. Washed cavity. Ten grs. quinia.

On the following, the ninth day, the temperature fell below normal, in evening became normal again and remained so for several days, when it again fell below on the 11th day. On the 14th day, it again became normal, and has remained so ever since.

The course of the temperature may be easily seen from the accompanying diagram, to represent the characteristic curve of septicemia.



This was encountered on the third day following the operation, and was successfully combated with quinine in large doses, and washing cavity. This was done with a female catheter attached to a Davidson's syringe, and water thrown through eatheter (which was passed through vaginal opening) into the peritoneal cavity, until that returning was clear and free from the putrid odor; sometimes two gallons were required. From the ninth day recovery was rapid and satisfactory.

She has passed one period since with a very slight "show," not more than a tablespoonful, and this came on a week later than the time it should have come, and no convulsions at all.

From above facts we are justified in the expectation, that a permanent cure will result, certainly the patient has been materially benefited.

TREATMENT OF PSORIASIS—THE RUBBER BANDAGE IN THIS AND OTHER SKIN DISEASES.

By W., W LANE, M.D., Wilmington, N. C.

Psoriasis is a chronic, dry, cutaneous disease, characterized by red patches slightly raised, of varying size, irregular somewhat, and covered with white silvery scales, which are quickly removed when rubbed off.

It first appears in the form of small red papules, upon the centre of which are seen small thin scales.

These papules soon coalesce into patches with intervening sound skin.

The different varieties with complete description of this disease are fully set forth in the text-books on this subject.

One of its distinguishing features is dryness, no vesicles or pustules, no moisture or crusts, and is generally attended with pruritus; when not relieved by treatment it will last for months, and even years, and when cured is liable to return. The origin and cause of psoriasis is obscure, it is frequently hereditary but not contagious.

The only diseases it is at all likely to be confounded with, are lepra and some forms of the squamous syphilides; from the former, however, they are readily distinguished, the leprous patches being broader and rounder, and elevated at their circumference; from the latter, by a deeper and more coppery color of the macules, and the scales partaking more of the character of thin crusts.

The history of the ease, however, where there is much doubt will most always settle the diagnosis.

Hebra thinks psoriasis is incurable, and looks upon it entirely as a local affection, unconnected with any systemic derangement, and his views are generally endorsed by the Vienna school.

Piffard says: "The prognosis is decidedly unfavorable in view of its unrelenting tendency to relapse, but that his own experience, as well as that of other American, English and French dermatologists is more favorable, and in a certain proportion of cases, patients after a prolonged and judicious treatment, with proper care on their own part go for many years, if not for life, without a return of the disease."

Erasmus Wilson says it is not one of those diseases upon which one can build a medical reputation.

It is well enough to inform the patient of the great obstinacy and intractibility of this affection and the necessity of his full cooperation in combatting it.

The treatment must be persistent and systematic, a perfunctory and irregular method is worse than useless.

It is said that eczema, psoriasis and pityriasis afford about onefourth of the skin diseases that come under our notice. In the treatment, the indications are to cause a disappearance of the eruption and prevent the return of the disease.

The most reliable agents to bring about these results I have found are chrysophanic acid externally used, along with the soda baths and the internal use of arsenic.

Piffard in his recent work on the Therapentics of the Skin, says of chrysophanic acid, that it is unquestionable the most efficient external agent we possess for the removal of this affection.

It was first brought to the notice of the profession by Mr. Squire, of London, about eight years ago. Shortly after its discovery, I had, in 1878, occasion to treat a case of psoriasis at the U. S. Marine Hospital in this city. I used the goa powder from which the acid is obtained, "the latter was not to be had at that time except at an exhorbitant price," with excellent results.

Having shown this case to Dr. Thomas F. Wood he called my attention to an article in a recent issue of the *Lancet* in which the remedy had been lately used with great success in the city of London in the treatment of psoriasis.

I reported the case with an accompanying photograph of the patient showing the psoriatic patches on the body, at the State Medical Society meeting in Goldsborough, in the year above-mentioned; upon which our old friend Dr. O'Hagan remarked, that this drug was probably an old acquaintance with a new name, as it was this principle in the rumex crispus, that made the latter a valuable and well known domestic remedy among the old women in certain cutaneous diseases.

I usually employ a ten per cent. ointment made with cosmoline, increasing to fifteen, and even higher if the case is an obstinate one to deal with. An erythema of the sound parts attended with some burning and staining of the skin is generally the result of its application, which, however, is not serious, but care should be taken in

its use about the face and sealp to prevent headache and other unpleasant symptoms.

The ointment should be well rubbed in night and morning, and a warm bath containing from sixteen to twenty ounces of carbonate of soda taken every other night. After the bath the ointment must again be thoroughly applied.

The internal treatment consists in the exhibition of arsenic, Fowler's solution and tineture cantharides in a solution of iodide potash; if preferred the former can be given in the form of the Asiatic or Tanjore pill made up with black pepper.

In connection with these means the rubber bandages are used when the condition of the legs require it, and they most generally do in all the cases I have seen. By these methods of treatment, I have recently cured some very obstinate cases of psoriasis in from four to six weeks.

The profession is greatly indebted to Dr. Henry A. Martin, of Boston, for the application of the India rubber bandage in the treatment of disorders of the lower extremities; although treatment of ulcers of the legs by adhesive straps and cotton rollers, has been long known and practiced, yet credit is due only to Dr. Martin for his method of keeping up a continuous and uniform compression of the diseased limb by means of an India rubber roller.

Not only do their use confer an inestimable boon upon the poor working man, enabling him thereby to pursue his avocation while undergoing a cure, but it is searcely a less positive relief to the physician to feel that he has at last the means of more readily curing these hitherto intractable disorders.

I have now four patients wearing these bandages, suffering from chronic eczema, psoriasis, ulcer and erysipelas respectively, engaged in different employments, and they all express themselves highly pleased with the comfort afforded them, and the belief in their inability to do without them, as their duty require much stirring about and standing on their feet all day.

One of these patients with chronic eczema of the legs, a clerk in a store, having gone to work too soon, found his limbs much swollen, whilst quite a number of bulke containing a yellowish fluid had formed upon the surface, being much disheartened at the prospect of further confinement to his house, he called for advice.

I applied the rubber bandages $2\frac{1}{2}$ inches by 15 feet at once to both legs, from the feet to the knees, and he continued his employment in perfect comfort, the untoward symptoms subsiding, and he had no more trouble.

Another of these patients whom I had cured, in hospital, of psoriasis inveterata, suffered much from an enlarged and tense condition of both legs, it was next to impossible to pinch up a fold of the integument, either over the shin bones or the posterior parts, in fact, it was almost elephantiae; the shin was dry, slick and glassy.

Similar bandages to those above mentioned were applied, in a very few days the skin began to assume a healthy appearance, the pores were opened, the dense tissues vey much softened, and the swelling gone down.

He felt himself so much relieved, that he requested his discharge, which was given him, and having bought a pair of bandages of his own, is now at work in a restaurant, suffering no inconvenience, and rapidly improving.

In the dry scaly stage of eczema and psoriasis of the legs, when the functions of the skin are suspended, the bandage very shortly by its uniform support and exclusion of air, opens the pores and bathes the parts with an abundant moisture.

I have frequently observed the limbs of patients in these diseases, after having been dry for months perhaps, commence to sweat soon after the bandages are applied, thereby macerating the skin and restoring its natural function. The bandages should be from $2\frac{1}{2}$ to 3 inches in width and not less than five yards in length. They should be removed on going to bed, cleansed from all secretions with water, or a wet cloth, and hung up to dry. All necessary dressing may then be applied to the limb and protected with cloth roller or other requisite means.

In the morning before getting up, the parts should be washed clean and the bandages reapplied.

They should be carried around the limb with a moderate degree of tension. They require no reversing, and are easy of application, the patient soon acquiring the requisite skill in putting them on.

It is only by strict attention to details in the use of these valuable therapeutic aids, that we can expect to obtain good results. I consider the use of these rubber bandages as almost a sine qua non

not only in the treatment of the diseases under consideration, but also of ulcers, varicose veins, synovitis, &c.

In treating deep and foul ulcers involving the whole integument, with callous edges, it is an excellent plan to fill the cavity with oakum smeared with vaseline, and then earry the bandage over it. I have found that carding the oakum into bats, with wool cards, adds greatly to its value as a surgical dressing.

The continuous baths recommended by some I have never employed, that is remaining in the water for several hours, or wrapped in wet sheets, though the soda bath I consider a valuable adjunct in the treatment.

Hebra says that neither sulphur springs, those impregnated with iodine, ehloride sodium, or any other ingredient possess any specific power in curing psoriasis.

There are some watering places both here and in Europe, that have a notoriety in this respect, though it is probably owing more to the manner of using them than the composition of the water.

I recollect visiting the baths of Leuk in Switzerland some years ago, where many persons resort every season afflicted with psoriasis and similar skin troubles to obtain relief from the supposed virtue of the water. Some of them informed me they had been greatly benefited, and not a few thought they had been altogether cured. The patient remains in the water from six to eight hours a day, the cure, it is said, occupying three weeks. The bath house is a large building divided into four compartments or baths, each about twenty feet square, with dressing rooms attached, and a narrow platform extending all around, furnishing sufficient room for visitors and friends to converse with the bathers.

To relieve the ennui of solitary bathing, and to accommodate the large number has led to the custom of bathing in common. The patients of both sexes, all ages, and ranks in life are ranged around the sides seated on benches up to their necks, in water, and dressed in long woolen robes; before them float little wooden tables holding cups of coffee, newspapers, chess boards and the like, which enables them more pleasantly to wile away their subaqueous existence.

The reputation which these baths have so long enjoyed are no doubt owing to the effect the long and continuous submission has in macerating the cutiele and setting up a healthier cutaneous action.

Mantaigne in his essays three hundred and fifty years ago, speaks of having visited these celebrated baths, to obtain relief from stone from which he was suffering, and says he found many persons there seeking health for various affections in the virtue of the water.

It is very desirable, I think, to keep up the internal treatment for some time after the disappearance of the skin manifestations, for it is to be remembered that the disease is exceedingly apt to recur.

If I have seemed to have laid undue stress upon the use of the rubber bandage it is because I find the parts below the knee in skin diseases are as a rule, the most difficult to cure; their value in these disorders, in my opinion, cannot be well overestimated, or too highly endorsed. My experience goes to show that diseases of the skin can be much more successfully managed in hospital than in private practice.

In the former we have the undivided attention of the patient to aid us in the treatment, uninterfered with by business or occupation.

The opprobrium medicine of skin therapeutics will now be much relieved of its odium, at least so far as psoriasis is concerned, by the employment of chrysophanic acid in its treatment.

SARCOMA OF THE ORBIT.

Clinical Lecture delivered at the Charleston City Hospital, July 9th, 1883,

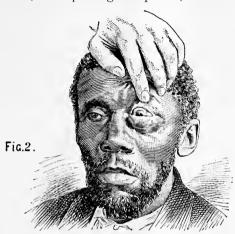
By Prof. Middleton Michel, M.D. Reported by J. Mack Hays, M.D., House Surgeon.

Gentlemen:—Entering upon my term of service in this hospital, I am glad to be able, at once, to present so interesting a case as the one you see before you. Here is an exophthalmos of the left eye, caused evidently by an orbital tumor, the progress of which will constitute its history, and aid us, perhaps, in the diagnosis.



We learn from this man's own account that it is more than four months since he first began to recognize some impairment of sight, accompanied by a sense of fulness in the orbit, which symptoms were soon followed by hemicranial pains, increasing to such a degree, that at one time he could sleep neither by night nor day. The protrusion of the eye and the presence of a tumor within the orbit became evident only about a month ago, when, singular to state, the previous pains in the temple, orbit, and head, disappeared, and have since ceased almost entirely. He has been totally blind in the eye for a month. The cornea is clear, but the pupil is fixed and dilated. This amanrotic complication is due to pressure and traction upon the stretched optic nerve. The globe, now surrounded above, below, and externally, by this growth, has become immovable; while it is forced

out of parallelism with its congener of the opposite side; yet he tells us that he has never seen double;—there has been no diplopia. The disturbances of the circulation within the orbit have produced a mechanical chemosis of the conjunctiva, which protrudes, as you see, beneath the ball, for the entire length of the lower lid, so that the mucous membrane, from prolonged exposure, has become thickened



and dry. [The accompanying cuts give an idea of the appearance of eye at time.—II.] There are no glandular enlargements about the ear or neck. He has never had syphilis, but has always enjoyed robust health, as have his entire family. The trouble commenced in February, and this is now the 9th of July. The tumor does not project to the extent to which I have seen certain growths in this region—until the eye rested upon the cheek,—but by palpation you can easily discover a remarkable growth occupying almost the entire orbit, not of any very great consistency, and indeed, presenting, at this upper and outer part of the cavity, a distinct fluctuation. My resident, Dr. Hays, aspirated the tumor yesterday at this point, and examined the sero-sanguinolent contents microscopically, finding blood corpuscles and lymph granules but no specific characteristic cell element.

You perceive that the skin of the eye-lid moves readily over the growth, is adherent nowhere, and that pressure upon the tumor gives no pain.

Now, two points present themselves for clinical consideration; first,

what is the nature of this tumor, and second, what shall be the treatment.

Exophthalmos or proptosis, which means prolapsus or protrusion of the eye out of its socket, can be caused either by the eye-ball itself being the seat of disease; or by some growth from behind the eye. Melanosis of the eyeball grows to a large size sometimes and protrudes the organ considerably out of its orbit; this occurred particularly in a lady upon whom I had to perform enucleation; glioma and other neoplasms do the same. But, here, this man's eye is perfectly free from disease; its displacement is due not to any intraocular product, but to an intraorbital tumor of some kind. Now, morbid developments in this region spring either from the walls of the orbit, or from within this cavity, or again they may reach the orbit through the fissures from some adjacent region, such as the brain, frontal sinus, maxillary antrum, etc. You will remark that in this patient the palate, nostrils, lachrymo-nasal apparatus, roof of mouth and alveola are perfectly free from any disease or even discharge; the tumor therefore does not spring from any of these regions; has not, consequently, entered the orbit from without, and if, for the sake of simplicity of classification, I should group all possible pseudo-plasms of this region under the three classes of intraocular, intraorbital, and extraorbital, I am by exclusion restricted in this case, to the consideration of some intraorbital development alone.

We could furnish a long list of pseudoplasms springing up in the socket of the eye, but this *onkological* discussion, to speak technically, would lead us too far into an interesting subject, of which at present I can furnish a most incomplete and hasty sketch.

Thus, from the walls of the orbit alone, we may meet with periosteal or bony tumors, especially ivory exostoses, often of a syphilitic origin; but these are readily distinguished by their hardness.

Many benign as well as malignant growths, occur within the orbit, behind the tarso-orbital fascia, posteriorly to the capsule of Tenon; entangled, it may be, between the muscles, nerves, vessels and fat of this region; and developed within this retro-ocular space, they always produce exophthalmos to a greater or less degree. But just here I must say that we can never judge of the extent of the growth, by that of the exophthalmos; we often find a large growth pentrating all the fissures of the orbit than palpation and especially the disloca-

tion of the eye-ball would seem to imply; for should they be malignant they spread rapidly by dissemination to contiguous parts. malignant tumors here met with are perhaps fibroids, sarcoma, carcinoma, and even fatty tumors undergoing malignant changes; but the benign varieties of the most common occurrence are undoubtedly, in every surgeon's experience, cystic in their nature; these acquire considerable size, put all the orbital structures upon the stretch, exerting also much pressure upon the ophthalmic branches of the trigeminus and begetting more pain than might be expected from a simple and benign cyst. The varied contents of these cysts is a striking part of their history. Filled at times with a syrupy fluid, they often contain a sebaceous or rather cheesy semi-solid substance, occasionally a fluid almost pure and limpid, or again of the consistency of pap. Terms expressive of these products are known as steotoma, meliceris, atheroma, hygroma, etc. Another variety, rare and curious, are hydrated cysts exhibiting echmocœei; indeed, like ovarian tumors, these cysts have sometimes been found to contain hair, and even teeth. Again, an aneurysmal tumor of the orbit may also give rise to exophthalmos, though here the characteristics of such a pathological condition we might suppose could always be determined beyond a peradventure, had not so great an expert as Mr. Bowman once tied the carotid for the removal of a supposed aneurysmal tumor of the orbit, which proved during the operation to be no aneurysm at all.

After thus reviewing the subject briefly, let us seek its application to the diagnosis of the case before us.

The great pain endured by the patient sometime since, at the onset of this disease, at first inclined me to state to my friend, Dr. Hays, yesterday, that I thought the tumor malignant, though the explorating needle in his hands seemed to declare the cystic nature of this growth. I think we have a cyst to operate upon this morning. The hemicranial pains may have been neuralgic, and note, they have disappeared; besides this single symptom should not mislead us, since cysts may also give rise to pain, though not at the onset of their development; pressure upon the tumor gives no pain; there are no sympathetic engorgements of glands in the vicinage, and the progress made in its development since February has certainly not been great; his general health is perfectly good. The slowness

of the growth; the absence of lymphatic involvement, and of pain, constant or upon pressure; the unexceptional good health and appearance of this man, together with the result of the exploratory examination of the contents of the sac, and the unmistakable fluctuation readily perceived at this upper and outer border of the orbit, seem to justify the opinion just expressed.

With regard to treatment, you might suppose the simplest procedure surgically would be to tap this cyst and inject iodine, or any other selected fluid. Let me tell you, however, that the cyst would soon fill again, and should it be multilocular, your injection would not even reach the cyst walls. The only method here to pursue is the entire removal of the growth so far as practical, enucleating its walls from any attachment to the bony orbit; and if the entire separation of the neoplastic development prove impossible, at least to take away so much as we can with scissors or knife, trusting to the suppurative process for the elimination of the rest. I don't know that we shall plug up the cavity with any very corrosive or irritating applications, owing to the proximity of the surface to the base of the brain. In all operations of this region of the head, you must look out for suppurative meningitis, which so frequently follows operations within the orbit.

I now open the rima palpebrarum by a free incision from the outer canthus to beyond the border of the orbit, working beneath the conjunctiva as much as possible. I here insert the handle of my scalpel to enucleate the growth, which I find extends to the deepest part of the orbit; with the curved scissors I now, from behind, am endeavoring to remove the larger part of the mass, which appears more firm than I had anticipated.

After some delay and with some difficulty, you see what we have removed from the space within the orbit usually filled up with the cushion of fat upon which the eye-ball rests. But this is obviously not cystic after all. It looks to me extremely like some sarcomatons or fibro-plastic product which often seems to be developed from the adipose cushion around the ball, and though recurrent and therefore very troublesome, is not apt, like ordinary cancer, to affect the lymphatics of the part. We shall have most likely a reproduction of the disease, and perhaps the wisest plan would be the removal of all the contents of the orbit, including the eye. To enucleate and

make a clean sweep of the entire orbit is the patient's surest chance of an ultimate recovery. I regret the circumstance of this mistake in our diagnosis, but these orbital tumors are sometimes obscure, and a differential diagnosis not always easily made, until perhaps the surgeon's knife has proceeded to some extent into the growth. I have certainly repeated in your presence this morning the very same error which Macnamara relates concerning himself, when he found a cancerous tumor instead of the expected cyst, while operating upon a man in the Calcutta Hospital. I remember, while a student in Paris, the apparent pleasure it gave the aged and honest Marjolin, as we used to call him, to rehearse to his class the errors which he and his illustrious colleague, Dupuytren, had sometimes made in surgical diagnosis, believing, as he was wont to say, that such errors might be as instructive to his auditors as they had often been to him.

If then we reconsider for a moment more critically the several symptoms upon which we were commenting awhile ago, we may learn where our error in misinterpreting them existed. We did not, as it now appears, give sufficient prominence to the symptom of intense pain which this man kept harping upon as having destroyed all sleep with him about three or four months ago; we should have recognized its importance at the onset of the disease; for though a cyst, whatever be its nature, may, and sometimes does, produce severe pain by the pressure upon and tension of the delicate and sensitive nerves in the orbit, yet it could not reasonably produce such effects at the onset of its growth; whereas a malignant tumor often exhibits its presence by very unmistakable pain, when, at its onset it is entombed within the restricted limits of an inextensible tough eavity, and this pain will continue until perhaps it forces its way through some outlet, whether fissure or open space, whence it may grow untrammelled in its destructive way over a territory of healthy cells. Now, it appears to me this is what really occurred, for the moment a tumor or swelling began to show itself, the pain gradually subsided until it finally disappeared. Misguided completely by the hypodermic syringe, I was willing to associate these early pains in the head and about the temple, to neuralgia, for I believed we had demonstrated the presence of a cyst of some kind; but the man has always been healthy, and never previously complained of neuralgia, the sudden development of which coincidently with a tumor of the orbit, associated with the equally sudden disappearance of pain as the tumor increased, seem so significant now, that we can scarcely condone the mistake. Then again, in certain fibro-plastic tumors of slow growth and fibrous development there may be a fluctuating or soft point which sometimes imposes the belief that it is a cyst; besides we ought always to remember that sarcoma is more apt to be propagated by the blood than by the lymphatics, which system of vessels and glands are seldom involved.

These then are some of the points which this case presents as a clinical study—landmarks that may allow us another time to steer clear of some of the difficulties which a correct diagnosis presents.

[Note.—In my record of the foregoing case appear the following notes:

July 9th. Cold water dressing applied to eye; ordered 5 grs. quinine. July 16th. All the symptoms having increased since the removal of the tumor. Dr. Michel, to-day, enucleated the globe, at the same time making a clean sweep of the orbit, after which orbit was plugged up with carbolized cotton tampons. Quinine ordered to be continued.

July 18th. No rise of temperature and patient doing well in every respect—says he feels as well as ever in his life. Carbolized tampons discontinued, and cotton saturated with a weak solution of Liquor Chlori substituted. Orbit ordered to be syringed out with same, morning and-evening.

July 26th. The severe neuralgic pains complained of prior to operation have now entirely ceased and given place to a state of partial analgesia.

August 6th. Patient discharged to-day well. As yet there are no signs of recurrence of the tumor.—J. M. H.]

A MONUMENT TO JENNER IN GUATEMALA.—Dr. L. C. Lane, in his Presidential Address before the California State Medical Society says:

"Some years ago there was erected in the city of Guatemala a monument to commemorate Jenner's discovery of vaccination. Is it not an opprobrium to the north that only in this remote corner of the earth has there been just recognition of this great discovery?"

REPORT OF THE CHAIRMAN OF SECTION ON PRAC-TICE OF MEDICINE.

Read before the Medical Society of North Carolina at Tarborough, N. C., May 16th, 1883.

By Geogre W. Long, M.D., Graham, N. C.

Mr. President and Gentlemen:

To go over the field of Practice and to examine work already done by others and to arrange it in a comprehensive whole, so as to make it instructive to others is no inconsiderable task, and I regret exceedingly that your kind partiality has imposed that duty upon me.

History tells us that this process of collection, has been going on in all civilized countries and in all ages by men among the first, certainly, in mental powers and attainments. The material thus accumulated has been from time to time, subjected to careful scrutiny and the useless which must ever, while human judgment is fallible, human passions have their ordinary influence, mingle in greater or less proportion with the true, have been, in a considerable degree separated, thrown aside, and forgotten. The medical knowledge of the present is thus the slow growth of centuries, I might say, of thousands of years during which, as in the growth of living bodies, an intellectual digestion and nutrition have been going on; the useless and effete being thrown off, at the same time that the useful and efficient have been assimilated; the latter, however, constantly increasing in amount, and destined to increase hereafter, until our science shall become mature and nature have yielded to human investigation all that she possesses of the preventive and remedial.

DIPHTHERIA.

In the quarterly report of the New York Medical Journal, June 1882, the substance of Drs. Wood and Formad's views upon the nature of the contagium of diphtheria is stated thus: They believe that both anatomical and clinical considerations point to the pathological identity of diphtheria and membranous croup. They even go farther and assert that all forms of inflammation about the pharynx are the same in kind, and differ only in intensity. When a

certain grade of severity is reached, a false membrane is formed, not as the result of anything specific in the inflammatory process, but because any sufficiently intense local irritation is competent to produce a false membrane upon a mucous surface. Micrococci, it is true, are present in greatly increased numbers in diphtheria, and probably act in the transmission of the disease from one person to another, (and in the generalization of the disease in the same person); but their development is to be regarded as dependent upon the local process, and they do not, therefore, precede its appearance. facts upon which the authors base this belief are these: micrococci of diphtheria seem absolutely identical with the ordinary micrococci found in all buccal and pharyngeal inflammations, however slight. In all cases of diphtheria the micrococci are found at the seat of the local lesion, but only in the virulent cases are they disseminated through the body and found in the blood. Hence the disease is probably local, in origin at least. Again, the capacity of the buccal micrococci for reproduction by cultivation and their power of exciting systemic disease after inoculation are directly proportioned to the intensity of the local inflammation, being least in simple catarrhs, more marked in mild cases of endemic diphtheria, and very pronounced in the malignant epidemic type of the disease. It is fair, therefore, to suppose that the micrococci owe their virulence to the disease, and not the disease to the micrococci. Accordingly, the sequence of phenomena in a case of diphtheria is probably as follows: First, an inflammation of a purely local character is started up; the character of the mucous membrane is thus altered, and it now affords a more a suitable medium for the development and reproduction of micrococci; the latter, which have all along existed in a quasi-dormant state on the mucous surface, being placed under these fostering conditions, now become more active and exert a deleterious influence on the surrounding tissues, thus adding to the intensity of the inflammatory changes; and finally systemic infection takes place and the micrococci, now actively noxious, swarm in the blood and aid in the generalization of the disease, and also in its transmission to others. For, once outside the body, these vitalized micrococci, falling on a mucuous surface slightly inflamed and thereby rendered fit for their cultivation, aggravate the intensity of the existing inflammatory process and so suffice to change a simple catarrh into a diphtheria.

Finally, the authors not only imagine that diphtheria is thus identical with ordinary catarrhal and croupous inflammations, but they suppose that it may also be identical with other septic processes, such as hospital gangrene, &c., the only differences in the diseases being such as can readily be explained by the difference in the situation of the local lesion.

TREATMENT OF DIPHTHERIA.

In the Medical News December 2, 1882, Dr. E. H. Shell, of Gainesville, Ala., is reported as urging the following method of treatment: To an adult he administers twenty drops of liquor potassæ every three hours in half a glass of water. Half-way between each dose he gives one to two tablespoonsful of syrup of lacto-phosphate of lime. Proportionate doses are given to children. He uses no local application to the throat internally. Externally he uses bacon rind freely and applied to the swollen throat, and if the temperature is high, to the whole body.

The London Medical Record, May 15, 1882, offers the following: Dr. Denker (Vracheb. Vedom. 1882, No. 3) who, during his twentyfour years practice in the large Nicolaevsky Children's Hospital in St. Petersburg, treated about two thousand diphtheritic eases, and tried all possible external and internal remedies recommended for this grave affection. He obtained the best results from the following method, which he has practiced ten years. As soon as white spots differed on the tonsils, the author administered the aqua laxativa Viennensis (compound infusion of senna) in doses of six ounces to an adult man, of five ounces to adult woman, three ounces to a child eight years old, two onnees to a child three years old and a teaspoonful to an infant twelve months old. The dose was divided into three parts; one half was taken at once, a quarter of the dose an hour later, and still later the remaining quarter of the medicine. Abundant liquid stools followed. When the purgation stopped, the author ordered a cooling draught, containing some hydrochloric acid, and, every two hours, a gargle, consisting of equal parts of lime water and hot milk, the same mixture being used for cleansing (by means of a pencil) the throat and nasal cavity. Dr. Denker alleges that, when early begun, such treatment generally led to a rapid recovery of patients.

In the London Medical Record, Jan. 15, 1883, Dr. Mossei (an Italian physician) is quoted as discountenancing caustics as he had seen no good results from their use. He prefers lime water as a solvent of the false membrane. From pilocarpin he has not seen much good; cases that would have done well under any treatment did well with it; others did badly, and they probably would have died under any other treatment. Pilocarpin depresses the heart's action; and as the tendency in diphtheria is to adynamia, its employment in repeated doses is to be deprecated. As antiparasiticides he has tried perchloride of iron, sulphur, carbolic acid, and chloral, and is skeptical as to their good effects. To dissolve the exudation is not to cure the disease. A medicine is wanted which would paralyze the morbific infection. This has been found in other affectious; but at present, in diphtheria, we can only treat symptoms. plication of ice does good in favorable cases, and in those in which there is ædema of the neck. The most rational treatment is to create a medicated atmosphere, by means of a steam vaporizer, kept constantly at work in the sick room; and to paint the throat earefully every two or three hours with a solution of chloral in glycerine (1 in 5). In the second period, when the false membrane begin to loosen, steam inhalations do good by assisting their detachment. When the quantity of membrane causes distress, the throat may be painted thus: first dried with bibulous papers, and then brushed with a solution of balsam of Peru (1 to 5). Every precaution must be taken, by isolation of the patient, careful disinfection of instruments and clothes, &c., not to carry the infection.

In the practice of your reporter the following has seemed to meet the requirements; absolute rest—thorough cleanliness:

Nourishing food, if necessary, by enemas. Frequent inhalation of vaporized warm lime water. Iodine externally over swollen glands. Applications to pseudo-membrane of

> Liq. ferri perchloridi, fl 3 ij. Glycerine, fl 3 ij. Water, fl 3 ss.

Douche gently several times a day; but omitted if it causes violent resistance or excites vomiting. Internally—stimulants quite freely

associated with milk. Quinia, chlorate of potash, perichloride of iron in free and oft repeated doses; e. g., for a child of three years

Quiniæ sulph., gr. ½. Potassæ chloratis, grs. 2½. Liq. ferri perchloridi, gutt 3. Syrupi, fl 3 i.

Sig. Every three hours diluted with a little water.

If case is very bad, I can give the iron in larger amounts and oftener, say five drops every two hours at three years. I prefer the liq. ferri perchloridi to tinc. ferri chloridi it has more free H.Cl.

TYPHOID FEVER.

The essential conditions of this disease are so peculiar and anomalous that a perplexing diversity of opinion has been a striking characteristic of all written expressions with relation to its cause and treatment.

Without specially noticing any of the hypotheses which from time to time have been given in support of the cause of the disease, I will call your attention to some of the premonitory symptoms of perforation of the bowel in typhoid fever and to its management, as suggested by Dr. Jno. W. Byers.* He groups the symptoms thus:

- 1. We are warranted in saying that perforation is met most frequently in the more serious cases of the disease. Liebermister and Murchison both agree in this; the latter states that "in a large proportion of cases of perforation, the previous symptoms are severe, and diarrhæa, as might be expected, is a prominent symptom. This was the case in sixty out of sixty-nine of my patients; in eleven of the sixty the symptoms of the peritonitis were preceded by considerable intestinal hemorrhage, and in many there was an unusual amount of abdominal pain."
- 2. As regards great tympanites, Sir W. Jenner says: "A single deep slongh-formed ulcer will paralyze the action of the bowel and lead to such an accumulation of flatus as produces enormous distension of the abdomen." It is just in such a case that perforation would be likely to occur.
- 3. Continued elevation of temperature after the third week, in the absence of any complication, usually points to severe intestinal lesion.

^{*}Brit. Med. Jour., Nov. 4, 1882,

- 4. As to constipation, Sir William Jenner has pointed out that "a single deep ulcer will paralyze the action of the bowel, and so cause constipation."
 - 5. Another symptom is severe tremor.
- 6. Protracted headache in the early stages is believed by Dr. Broadbent to denote an unusually severe affection of Peyer's patches.
- 7. Dr. Cayley has directed attention to the value of tache cérébrale in enterie fever. He says it often lasts for sometime after convalescence has set in, and he regards its persistence as an indication that the intestinal ulcers have not yet healed, and that, therefore, the patient is still liable to relapses and to the complications attending unhealed ulcers.

In the case of which Dr. Byers gives the notes, the symptoms which he thinks pointed specially to the bowel, were the following:

1. The severe tremor was a very marked feature of the case, and

- 1. The severe tremor was a very marked feature of the case, and the members of his clinical class had frequent opportunities of observing it. In his admirable lecture on the treatment of typhoid fever, Sir William Jenner draws particular attention to this symptom, "Tremor," he writes, "out of all proportion to other signs of nervous prostration, is evidence of deep destruction of the intestine. A small deep slongh will be accompanied by great tremor; a large extent of superficial ulceration may be unattended by symptoms. Now, it is deep ulcers following the separation of deep sloughs, which are specially liable to give rise to severe hemorrhage and perforation." Murchison also lays down the rule, that "severe and protracted muscular tremors; especially when the mind is clear, indicate deep and rapid ulceration of the bowel." His case, in which tremor was a marked sign, and in which perforation occurred, confirms very fully the careful observations of these two able clinical teachers.
- 2. As regards the continued elevation of the temperature; inasmuch as no local mischief could be detected in any organ to account for this pyrexia, Dr. Byers was driven by exclusion to believe that it pointed to severe implication of the bowel. Severe diarahæa and meteorism were also present in the early stages of the case. When, then, in a case of enteric fever, we suspect, from the presence of some of the symptoms that have been mentioned, that there is severe and deep ulceration of the intestine, our treatment should, he thinks, aim at keeping the bowel quiet; and, in order to carry this out, a combination of these plans may be adopted.

- a. The patient should be kept perfectly quiet, and should on no pretext be allowed to sit up or to leave his bed. Indeed, if possible, he should be made to lie on his back. The nurse or other attendants should be made clearly to understand that the slightest movement on the part of the patient (such as sitting up or turning on the side) may cause the wall of the bowel, which forms the floor of the ulcer, to give way, and so precipitate the patient's death from perforative peritonitis.
- b. The strictest attention should be paid to the character of the food, which, while it must be nourishing, should be liquid; and no purgative should on any account, especially when there is constipation, be given.
- c. Opium should be given to paralyze the movements of the bowel. By this, which may be called the anticipating administration of opium, the ulcers are placed in a better condition for healing, and the chance of rupture of their floors, from sudden movements of the intestine, is minimized.

In the practice of your reporter, absolute rest in bed, thorough cleanliness and disinfection, a slop diet, opium or some one of its succedanea, in commanding doses for excessive diarrhea or the restlessness of passive delirium (without regard to whether the tongue is dry or moist) and in the latter stages when hemorrhage threatens, tinc. of the chloride of iron in full and oft repeated doses have seemed, in a large majority of cases, to preëminently meet the requirements.

The nature of croupous pneumonia, in the Lancet for October 28, 1882, offers the following: The nature of croupous pneumonia has always been a fertile field for speculation. The opinion that it is a simple inflammation due to a simple cause long received unquestioning acceptance, until points of resemblance between pneumonia and an acute specific disease led to more careful study of its conditions of origin. It is still to these that the attention of physicians is chiefly turned. Pathologists, it is true, are seeking for its associated bacterial organisms, and we lately referred to the important observations of Friedländer on this subject; but bacterial pathology is still in too early a stage to permit much weight to be placed on the discovery of organisms in association with acute inflammation as evidence of a necessary causal relation. But the etiological facts, if well observed, have a value which no theory can shake, for they must

be embraced by it as a necessary condition for its acceptance. Many facts have lately been adduced in support of the opinion that croupous inflammation of the lung is but the local expression of a general disease, and the evidence in favor of this view has been ably summarized by an American physician, Dr. E. Louder, in the New York Archives of Medicine. The most weighty evidence is of course that furnished by the analogies to which we have referred, but the occasional epidemic character of outbreaks of pneumonia is an etiological point of considerable weight in support of the theory. It is necessary, however, in order to establish the specific pathology, to disprove the current opinion that croupous pneumonia may result from mere exposure to cold. Some have, indeed, been content to overcome the difficulty by the admission that there are two forms of eroupous pneumonia—one due to cold, and the other a specific disease. But the sporadic cases which are usually referred to cold, are precisely those which present that resemblance to acute general diseases which still constitute perhaps the strongest part of the argument for the specific nature of the malady. Accordingly most of the advocates of the latter view have felt that to establish their argument they must disestablish the current theory and disprove the dependence of croupous pneumonia on exposure to cold. The task is one of no small difficulty, and from isolated observations perhaps impossible. Attention has therefore been turned to the comparison of pneumonia with the meteorological influences. seems well established that the disease does not coincide in the time of its occurrence with the lowest annual cold. It is not a disease of winter, but of spring. Some facts corroborating this opinion have been lately collected in the Rerue des Sciences Médicales. In the three great hospitals of Vienna, between 1866 and 1876, 11,442 cases of pneumonia were treated—8,247 men, 3,195 women. largest number of cases were admitted in the month of April, the next largest in the month of March, and the next in the month of May. Köhnhorn observed in the barracks at Weser 300 cases of pneumonia in the course of eight years, and found that the number of cases in the three months of March, April and May were four times as great as in the months of September, October and Novem-Worfwinge, in Stockholm, observed a maximum in the month of May. But we can scarcely admit the validity of the assumption, that because pneumonia does not coincide in prevalence with the

lowest temperature, it is therefore not due to exposure to cold. The prevalence in Vienna was compared by Biach with the meteorological report, and three conditions seemed to coincide with the disease; a sudden fall in atmospheric pressure, a low temperature, and sudden changes in temperature. A similar comparison has been made by Masson with regard to 400 cases of pneumonia occurring at Berne and Neufchatel, and he found that pneumonia was most frequent when the temperature of the air was low and its humidity slight; and a comparison of the condition on the day before the onset of each case showed with great frequency a sudden fall in both temperature and atmospheric pressure. On the other hand, Köhnhorn failed to observe any relation between his cases and the temperature; but his data appear more open to objection than the others to which we have referred. The evidence afforded by epidemics of pneumonia would be more conclusive if such epidemics were less rare. Nevertheless they are of great interest, and certainly deserve most careful study. Some of them are described by Dr. Sturges in his work on pneumonia, and several others have been lately recorded.

Haleacde and Munneck observed an outbreak of fifteen cases in a small village (Ober-Sikle,) containing only 400 inhabitants, and in some instances as many as three persons were affected in one house. At the same time other neighboring villages, exposed to the same meteorological influences, and in the same geological conditions, were free from the disease. In the village of Becherboch, with 460 inhabitants, Butry observed as many as twenty cases in the course of a few weeks, and no less than nine were fatal. The cases occurred in a small number of families, which were so grouped around those first attacked as to favor the idea of a spread by infection. In most of the cases the prostration was great; in several there were cerebral symptoms, and in fine there was jaundice. In seven the apex of the lung was invaded; in five the pneumonia was double, in three there was secondary pleurisy. The spleen was not enlarged in any case.

Kerschensteiner observed 161 cases of croupous pneumonia in a prison at Amberg, (Oberpfalz) during the four months January to May. The materies morbi appeared to him to be endemic and not transportable. In a district of Norway containing 6000 persons Loberg observed sixty-three cases of pneumonia in 1879, and twelve occurred in a limited region containing only 200 persons. The cases

were grouped, several occurring in the same house. Penkert has recorded an epidemic of forty-two cases, in which he believed himself able to trace an infection from person to person, and Jelley observed a wife to contract pneumonia from her husband, and to communicate it in turn to a sister who nursed her. Similar cases have been noted by Wyman. No instance, however, is more remarkable than that published in our columns by Dr. Daly a year ago, in which six members of one family were affected in the course of three weeks. The rarity and striking nature of these facts, however, may well suggest caution in reasoning from them to the familiar sporadic form of the disease.

Attempts have been made to ascertain whether the contagiousness of pneumonia can be proved by experiments on animals. Kuhn inoculated seventeen animals with the sputum of a case of "endemic pneumonia." Of the rabbits, two died on the first two days with symptoms of collapse, but in six others fever followed the inoculation, and presented critical oscillations at the end of the fifth or sixth day. Diarrhœa and prostration accompanied the pyrexia. The animals killed between the sixth and tenth day showed pleurisy and hepatization of the lung; lobar or lobular. Five recovered. Kuhn, perhaps too hastily, regards his results as affording evidence of the specificity of croupous pneumonia. Those physicians who find, with Leichtenstein, the contrast in etiological conditions between the sporadic and epidemic forms of pneumonia too striking to be ignored, and ground for a division of eroupous pneumonia into two classes, have endeavored to establish a clinical distinction between the two. Scarpari, for example, has lately emphasized the asthenic character of the epidemic form, its association with jaundice, with yellowish fibrinous pleural exudation, the absence of resolution, and the occurrence of changes in liver and spleen similar to those which are met with in acute specific diseases. Loberg observed the frequency with which several initial rigors marked the onset of his cases, sometimes preceded, for three or four days, by the symptoms of catarrhal fever, and the frequency of jaundice, but he failed to find enlargement of the spleen. Several observers have noted the tardiness of resolution and the frequency with which the apex of the lung suffered. Köhnhorn, on the other hand, at Weser, observed splenic enlargement to be the rule. It is very desirable that the actual weight of the organ should be noted in all fatal cases.

AN ESSAY ON CONSTITUTIONAL SYPHILIS.

Presented to the Medical Society of North Carolina, at their 20th annual meeting in Tarborough, N. C., May 15th to 17th, 1883.

By Paul B. Barringer, M.D.

Gentlemen of the Medical Society of North Carolina:

Appointed as your essayist at the last meeting in Concord, I have selected for your consideration a subject, old it is true, but one which is now receiving the especial attention of the medical world, and one which, by an almost constant occurrence in your practice, (be it city or country), will, I hope, make it of practical interest to you.

This subject, gentlemen, is Constitutional Syphilis and its Diagnosis.

In taking up this subject I confess to doing so with especial reluctance, for it has been so often before you that I doubt my ability to do more than reiterate the views of my predecessors. believing it to be a subject too much ignored by the general practitioner, I will try to add my experience to the general light. little attention is paid to this disease by our legislative bodies and sanitary boards, that this neglect and our constant intercourse with it makes us view it in a light different from what we really should. So little sympathy is felt for the ordinary syphilities that, except in the cities and larger towns, where their treatment forms quite a part of the practice, their treatment is but little studied and their claims upon us greatly ignored. The prostitute and the rake, however, while forming quite a contingent, are not the only sufferers. indiscretion is often quite enough to blight a life and bring pain and misery upon beings yet unborn. The unoffending as well as the offender often suffer together, for some of those who go down into the slums come from the sauctity of the marital chamber, Some of you have no doubt seen such cases, and you consequently know that if there ever was an appeal made to your sympathies, it There is but one ameliorating condition about these cases, and that is in the triumph of this branch of medical science. The therapeutics of syphilis has now reached a point where we need no longer speak in measured tones of its capacity, for the diagnosis of syphilis once certain, we have in our hands a power fully commensurate with its insidious strength and yenom.

The different conditions and stages of its presentation make the diagnosis of syphilis the easiest, and at the same time the most difficult, of the many difficult problems presented to the practitioner. At the same time, in the whole range of medical practice it is the disease of all others that requires an early and an accurate diagnosis. I know of no malady in which under certain conditions a more serious result may be expected from a few days or even hours of ignorant delay. A softening gumma in the brain, a spreading (tertiary) ulcer of the fauces, or an epilepsy, involving perhaps the function of the brain, will leave nothing to be desired in the way of proof, that he who hesitates is lost. There is no case however severe in which the prognosis is not bettered if we find the earmarks of this disease. With a fair knowledge of the therapeutics and pathology of syphilis, one has a mastery over it, obtained in no other disease.

With a knowledge of these facts then before us, it is astonishing the indifference and ignorance displayed on this subject, the best known perhaps in all medicine.

By inheritance and contagion, (mediate and intermediate) syphilis is now becoming one of the most common of diseases. In the towns and cities of this country it is increasing in a manner almost startling. In the city of New York alone, there are estimated in private and hospital practice forty-five thousand cases of syphilis annually treated (Sturgis). While not quite so bad, there are towns even with us in the South where the percentage is little lower. A disease like syphilis, laying aside its heredity, must increase in proportion to its basis of contagion, and spreading from a class in which its propagation is, with the majority, a business, who can see the end, unless it be checked by some appropriate legislation. This yearly increasing addition of infected blood cannot fail to have its influence upon the stamina of the race or fail to affect, however remotely, all the constitutional ills of its subjects. Already it is felt that a knowledge of its infinite ways of manifestation gives us a control over chronic disease which could not be otherwise obtained

The diagnosis of syphilis is easy or difficult mainly from the difference in the time at which you see it. I say "mainly" ad-

visedly, having often seen how difficult it is to decide at a given period whether a person be suffering from syphilis or not. It is the more tantalizing from the fact that at the time that a diagnosis is most needed, we are often without a landmark. I allude to the dangerous cerebral lesion of late syphilis. As if to compensate for our deficiency in this respect, however, we find that it is here that our therapeutical agents are of most avail. The difficulty in the latter stage lies in the fact that we must depend to such a great extent upon the history of the patient. The physical diagnosis, though mainly of reliance during the acute primary and secondary stages, is still of importance at all times, for few cases are so mild but that we can find in after years traces of the serpent's trail.

I will now take up in detail the characteristic lesions of syphilis, taking them in their order.

The Primary Lesion. It is at this stage that the vast majority of eases are seen and it is the stage oftentimes of greatest uncertainty. From the days of John de Vigo to the present, there has been one unceasing war over the morbid anatomy of the initial lesion or "chancre," which precedes the general manifestations of syphilis. This is proof enough, were others not at hand in the shape of general experience, to prove how uncertain as a diagnostic feature the physical appearance of the chancre is. When typical it is pathognomonic, but how rarely do we see now-a-days a genuine "Hnnterian chancre." A syphilitic chancre is a small, almost painless ulcer usually situated upon the genitals, but liable to be found on any absorptive surface of the body. Extra genital chancres are fortunately rare. The syphilitic ulcer is liable to be confounded with the simple venereal ulcer or "chancroid," and sometimes with the ulceration that caps the group of vesicles of preputial herpes. The former, however, has ever been the one that stood in the way of a ready diagnosis. There are still those who believe in the unity of these pathological lesions. Their number is small, however, and they are day by day losing ground. The true chancre first appears as a reddened papular elevation, with nothing to distinguish it from the ordinary isolated papules of lichen, prurigo, &c. From their elementary type, however, it may, and often does, vary widely. The usual modes of evolution in their relative order of frequency are: 1st. The papular elevation becomes denuded of its epithelium and appears as a simple crosion. The shedding of the

superficial layer often reduces this papule to the level of the surrounding tissue and whose surfaces where the epithelium is reddened and thin, as in the preputial cul-de-sac, it is a difficult thing to locate accurately. In my mind, to this class belong the occasional cases reported as, "Syphilis without the Primary Lesion." This "eroded papule" forms, perhaps, a majority of all chancres. 2d. An ulceration, more or less extensive, may involve the papule or extend beyond it. This ulcer sometimes assumes a characteristic shape and in conjunction with other things may help out a diagnosis, but one is rarely warranted in forming an opinion upon the appearance of the 3d. Still more rare, but not entirely unknown is the chancre in which the papule neither erodes or ulcerates, remaining dry or perhaps a little scaly. This chancre is more often found upon the general integument, than elsewhere and if small is not infrequently overlooked. These chancres are the uncomplicated form and are the usual types, but they may be complicated by constitutional tendencies or external irritants until they may assume characters quite foreign to any adopted standard.

All chancres are liable to, and in the vast majority of cases do assume, a certain specific induration, which at one time was considered an essential. This induration usually appears at the time when the chancre begins to erode or to ulcerate, in point of time about the second or third day, but it may precede any disintegrating change in the papule and when so it is pathognomonic. In its highest development it can be confounded with nothing else, but in its lower forms it is indistinguishable from the ordinary inflammatory induration which may be found with any non-specific lesion. Moreover, gentlemen; and I am sure some of you will agree with me here, its entire absence from some true and undoubted syphilitic chancre is certain. Within the last few years nearly all of our best syphilographers have agreed upon this point, and I would like to ask those among you who have had much experience with this disease; candidly, if they have not seen secondary symptoms follow some of their "soft chancres" or if they have not sometimes waited in vain for after results from what they diagnosticated as, and certainly felt as, "hard chancers." This fallacious test of induration has been long enough the cause of warfare among us and of ill-timed advice to our patients.

This induration while alone unreliable is of great importance in

connection with other things. The induration itself may be of various types. The thin basic layer forming the "parehment induration," when it lies deeply under the base it forms the "split-pea" variety of the text-books and it may form a mere ring around the sore or involve the whole in a hardened mass the size of a marble. The most distinctive features are,however, its appearances before any break in the tissue and its continuance after the disappearance of the sore.

This germinal cell infiltration which produces the induration in the chancre may also proceed along the line of the lymphatics which transports the virus into the system. This is frequent in the vessels and invariable in the glands. But I will speak of this again.

The differential diagnosis of a syphilitic is mainly to be directed to two things: the simple venereal ulcer or *chancroid* and the ulcer which often forms on the inflamed base of a *herpes preputialis*. Other counfounding lesions are too rare, to call for attention.

(To those of you who are wedded to the idea of the unity of the chancreous virus, I will state that I cannot argue that subject in a paper like this. Being a firm believer in their absolute dissimularity I present this paper from a dualistic standpoint).

Still while a pathological absurdity, the practical confounding of these two lesions is, in absence of concomitant symptoms, of such daily and inevitable occurrence, that we might as well accept this element of doubt as one of the factors against forming too early an opinion.

The history of these two diseases is so unlike that when decided it will settle the matter at once. The period of inoculation of syphilis is always double the time required for a chancroid to become manifest.

The chancroidal virus being a simple corroding agent begins its work at once, while the syphilitic virus must produce its constitutional reaction ere we have the first symptom. As far as I can learn where a close watch has been kept no chancroid has ever appeared as late as the 10th day after intercourse nor has any true syphilitic chancre ever been known to appear that early. Practically, however, so many of the patients who bear chancres can tell so little about it that this otherwise important aid is much crippled. In those of our patients who are so "loose about" that they can neither designate the time nor the party, the concomitant symptoms of the

chancre forms our main reliance. There are the bubo and its quondam companion lymphangitis. When a lymphangitis is not acutely inflammatory it is almost certainly specific. It is in the bubo of syphilis, however, that I have learned to put most confidence and the more I depend on it and study it, the more does it seem to me to be the one main reliance. It possesses several characteristics peculiar to itself alone. While the time at which it makes its appearance may vary somewhat, its presence is as near as any symptom can be, invariable. When upon the line of the genital lymphatics as in the vast majority of cases the bubo is, we find instead of the large, tender, inflamed, solitary gland of simple adenitis or still more marked one of the chancroidal bubo, a chain of slightly enlarged, hard, painless and non-inflammatory glands, lying like a "string of butter beans" up the inguinal fold. So entirely non-inflammatory are they that they are usually unnoticed by the patient. Some few, however, complain of a temporary "stiffness" in the leg. The group usually consists of several glands of uniform size though uniformity is not essential.

The bubo of syphilis is almost invariably bilateral, an important point when we consider how frequently in this region the so called sympathetic bubo is confined to the side of the absorbing radical. I have never seen a bilateral sympathetic bubo in which the exciting lesion was not found on both sides of the median line. Commonly then when we see a double bubo, with the lesion met in the median line, we have a strong cause for suspicion, especially if we have the small multiple indurated glands so unlike the large, tender, often inflamed monad of direct absorption. In the very rare instances in which the bubo of syphilis is confined to a single gland, its induration and general non-inflammatory character usually render it easy of diagnosis. Moreover then, apparently, single large glands are usually made up of a mass of small glands matted together and have upon careful examination a distinctly nodular feel. Quite frequently you will find with a syphilitic bubo, indurated glands some distance below Poupart's ligament, and on one or two occasions I have seen the glands enlarged along the line of the chord and just over (or in) the external abdominal ring. This enlarged gland in the external opening is not so very rare. It much resembles, when large, a commencing hernia, but is, of course, hard. In, I believe, all cases

where I saw it, there was jaundice. The extra genital bubo, however unlike the above, is nearly always single or at least comprised of one or two quite large glands. In other respects they are alike, hard, moveable and painless.

The syphilitic bubo has no tendency to suppurate. In run down patients we sometimes find an open syphilitic bubo, but in such cases we would probably find that a simple sympathetic bubo would suppurate. This open syphilitic bubo is always the result of irritation or cachexia and not the result of any inherent tendency. It is never virulent, nor is its pus auto-inoculable.

I have refrained from alluding to phagedena or any of the other complications of the chancre as they are non-essentials. Usually when let alone a chancre subsides in from two to eight weeks.

The differential diagnosis of herpes progenitalis is at times quite troublesome, especially in unclean patients where the retained secretion irritates the ulcer. By means of a pocket glass of five or six diameters we may usually see a ring of small vesicles around the base of even a deeply ulcerated specimen. The absence, or peculiar type, of the concomitant symptoms is of diagnostic assistance. Isolated papules of acne indurata when found upon the penis or serotum may be sometimes seen and are, from physical characteristics alone hard to tell from one of the types of chance, but all other symptoms are lacking. A urethral chance is usually to be felt along the canal by feeling the organ from behind forwards. This movement will usually bring some blood also. I have once or twice seen at venereal clinies a chancroid (which by its virus descending a follicular opening and starting a deep seated inflammation) mistaken for a true chance, until the corroding agent reached the surface. The early condition of this anomaly is very like a chance, but strangely, they are (at least the one or two I have seen) multiple.

[To be continued.]

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EDITORIAL.

THE NORTH CAROLINA MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY, PUBLISHED IN WILMINGTON, N. C.

THOMAS F. WOOD, M. D., Wilmington, N. C., Editor.

Country, and especially from the medical profession of The Caro-Linas. Articles requiring illustrations can be promptly supplied by previous arrangement with the Editor. Any subscriber can have a specimen number sent free of cost to a friend whose attention he desires to call to the Journal, by sending the address to this office. Prompt remittances from subscribers are absolutely necessary to enable us to maintain our work with vigor and acceptability. All remittances must be made payable to Thomas F. Wood, M. D., P. O. Drawer 791, Wilmington, N. C.

RECURRENT VENEREAL SORES—THEIR TENDENCY TO PHAGEDÆNA.

There are some venereal sores for which it is hard to account. The physician when puzzled about the origin of a given sore, after hearing the declaration of the patient denying contact during a period which would fall within the time of ordinary or extraordinary incubation, remembers the warning of Bumstead about the habitual mendacity of venereal patients, and is willing to conclude that he has not heard the whole truth.

The story of the patient cannot be made to coincide with his experience, nor is it sustained by the text-books. Generally it is safe to take this position. The period of incubation must have considerable weight in determining the nature of a suspected sore, and for estimating the period of incubation we must rely upon the statements of the patient, or make our estimate of his veracity.

But there are some patients—syphilitic patients too—who are as anxious to give their medical attendant the whole truth, as the doctor is to get it. They have no motive for concealment, but fully

understand that the success of the doctor in his case, depends in a large measure upon a full comprehension of the true nature of his disease. It would be folly to deny that there are such persons.

We have seen two well marked cases of recurrent venereal sore both of them troublesome and both assuming the phagedenic form.

In the first case, that of a young white man of twenty-three, who at the time of the appearance of the recurrent chancre was thoroughly syphilized. While the sore was in active progress he had syphilitic epilepsy from gummata of the brain. He had been addicted to venereal disease in all its forms, and when he discovered the returning sore upon the prepuce, he could not account for it. His state of health was sufficient evidence in his favor, that for three months he had not renewed his liability to receive a new inoculation. The sore became phagedenic and ran an almost uninterrupted course, until it destroyed the prepuce.

The second case was that of a negro man of about 32 years of age. He had had repeated crops of chancroids, and had also true syphilis, which he had transmitted to several children. In November, 1882, ten years after the disappearance of active constitutional syphilis, a venereal sore appeared upon the foreskin. The patient could give no account of sexual contact to warrant the inference that its origin was from another venereal sore.

It remained as a fissured sore for many weeks, indurating the foreskin to such an extent that no view could be had of the glans. Notwithstanding the treatment adopted, varying from the strongest caustics to the blandest washes, it became phagedenic, and although ten months have elapsed, the sore has continued to destroy the tissue until there remains now nothing but the short stump of the organ, and the case is, at this writing very unpromising.

Both of these patients had had well marked constitutional syphilis before the appearance of the recurrent sore, and were in bad health when seized with phagedana. There was an evident desire on the part of each one to make the case as plain as possible, and no item of information was withheld.

That venereal sores are liable to recurrence is by no means positively proven; but its possibility was not denied by Bumstead, and we believe that further observation will prove the possibility of such a recurrence, and will also put one on guard about the possibility of such sores running into phagedæna. As we at first intimated, the

easiest solution of such puzzles, is to deny the truth of the statement of our patients. Fortunately, we believe, that recurrent venereal sores are exceedingly rare.

Dr. Keyes says "The exceptions in syphilis are its chief beauty; there is no monotony about it; and if description of the disease did not in their first plain statement practically ignore exceptions, there would be no descriptions at all."

THE ADVANCEMENT IN PHARMACY IN NORTH CAR-OLINA.

The recent meeting or the North Carolina Pharmaceutical Association was a gratifying exhibition of the efforts our pharmacists are making to bring the whole of their professional body up to a higher standard.

The difficulties in the way are great. The most striking it seems to us, is the admission of such a large number to registration, who probably could not pass the Board of Examiners since organized, but by the terms of the law this must necessarily be. It only remains now for the leaders in the movement, to exert themselves to inculcate among the younger men, a habit of study. To inspire them by every means the knowledge of the responsibilities present and prospective which rest upon them. It is not enough that a pharmaeist should be a systematic drug merchant and a neat prescription clerk; but he should also be conversant with the growing literature of his profession.

There is no more busy field than that of pharmacy. The conscientions man has never a moment for idling. He has no time to devote to the political gossip of the day, and thus convert his shop into headquarters for idlers, so long as he is obliged to confess that he is not familiar with his text-books. Be he ever so learned, there still remains some new field which he may cultivate to advantage.

The pharmacal profession in this country includes some of the most accomplished chemists and botanists. The preponderance of them on the last Committee of Revision of the Pharmacopeia, shows how highly their attainments were esteemed by the Convention.

Upon them devolved by far the greatest part of the work of the Pharmacopæia, and both the professions of medicine and pharmacy look to them for the future improvement of that volume. It is very gratifying to the medical profession to see the great strides in learning which our pharmacists are making. If in old William Bulleyn's time the injunction to the "Apoticary's" was necessary, "That he do remember his office is only to be the phicisian's cook" it is no longer applicable now, for the learned and skilled pharmacist is the peer of the learned physician.

The pharmacist is the great helper of the physician, if it be that he is a well prepared man, and it is of great importance to the medical profession that they should encourage every effort which tends to this professional advancement. We, therefore, hail with great pleasure the earnest efforts set on foot to this end by the pharmacists themselves, not the least of which is the conscientious manner in which the Board of Pharmacal Examiners are performing their duties. We learn that they have set a standard which is reasonable, and that they are undeviating in the requirements that all applicants shall reach their standard. All substantial work of this sort progresses slowly. Opposition may possibly come, but in the end if our friends are only resolute and patient, they will be rewarded with success.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

We have received this Journal regularly and we have read the current comments on it by other journals.

It is no wonder that it should not have made its appearance as a complete Journal in all respects, when we consider the rather cumbersome machinery necessary for so great an undertaking.

It is well issued, on good paper, in good clear type, and at once takes a first-class stand in this particular.

Whatever may be its early defects, we expect to see the Journal of the Association the national medical journal. Its editor surely has the qualities of an Ernest Hart.

REVIEWS AND BOOK NOTICES.

A HISTORY OF TUBERCULOSIS, FROM THE TIME OF SYLVIUS TO THE PRESENT DAY, BEING IN PART A TRANSLATION WITH NOTES AND ADDITIONS, FROM THE GERMAN OF DR. ARNOLD SPINA: CONTAINING ALSO AN ACCOUNT OF THE RESEARCHES OF DISCOVERIES OF DR. RORERT KOCH AND OTHER RECENT INVESTIGATORS. By Eric E. Sattler, M.D. Cincinnati: Robert Clarke, & Co. 1883. [Price \$1.50.]

The title page describes the scope of this volume. It is a timely contribution to the subject of tuberculosis, especially in the light of the recent investigations, and heated controversies. The author says his aim has been to supply a history of the study of tuberculosis from the earliest times to the present day. To discover and compile all the fugitive data relating to the subject, scattered as they are throughout the medical literature was no easy task.

Koch's experiments whereby he demonstrated the bacillus of tuberculosis is given at length in Chap. VI, and this is followed by the investigations since Koch's discovery, and we believe Dr. Sattler has included all of the microscopists who have paid attention to the subject. He concludes his very valuable little volume with a remark which the profession will heartly acquiesce in: "We are yet on the threshold of a great discovery, and it will require constant inquiry, patient investigation, and deep research, before the true relation of bacilli to tubercles, and the part they play in their pathology and causation are fully determined."

We commend this volume to those who are desirous of bringing their knowledge of the very voluminous subject of tuberculosis up to its latest development.

A TEXT-BOOK OF GENERAL PATHOLOGICAL ANATOMY AND PATHOGENESIS. By Ernst Ziegler, Professor of Pathological Anatomy in Tübingen. Translated and edited for English Students. By Donald MacAlister, M.A., M.B., &c., New York: William Wood & Co., 56 and 58 La Fayette Place. 1883.

This work was intended mainly for students, that is, undergraduates, and the author has avoided as far as possible much controversial matter. "Experience leads me to believe," he says, "that the learner gains a readier and surer grasp of his subject when it is first presented to him as a uniform and coherent system of doctrinc, even though the teacher's statement of it should border on the dogmatic. Once this grasp is gained it is easy for the more advanced student to master and to appreciate other theories and doctrines."

The first chapter is devoted to congenital malformations. The second to anomalies in the distribution of the blood and lymph. The third section to retrogressive disturbances of nutrition. The fifth to inflammation and inflammatory growths. The seventh to parasites.

This volume will be a welcome addition as a text-book for the student, the chapter on parasites alone being worth the whole volume. For in it is treated all the parasites of vegetable and animal origin, which infest the human body. Fifty pages are devoted to the description of bacteria, enabling those who now so loosely employ the term bacteria, to attach to it the proper meaning; and to elucidate to others less profoundly learned, and who had been fondly hoping they could rest all the pathological sins on this minute organism, what a far way off the best pathologists are from a knowledge of its causative influence.

None of this series has appeared to us to be more valuable than Ziegler's Pathology.

The Essentials of Pathology. By D. Tod Gilliam, M.D., Professor of Physiology in Starling Medical College, &c. 48 illustrations. Philadelphia: P. Blakiston, Son & Co. 1883. Pp. 296. [Price \$2.00.]

The author disclaims any intention to supplant by this volume, the more pretentious one on pathology, but to lead the student up to the more elaborate treatises, by kindling a thirst for pathological investigation. We think he has succeeded in his task very satisfactorily, both as regards the manner, and matter, and the clear type and cuts add no little to the value of the book. Some of the descriptions are too short to convey a satisfactory idea, but this necessarily, we presume, for the sake of condensation.

We call attention to the statement on p. 93: "That the normal standard of body heat is 98.6° F," instead of 98.4°.

CURRENT LITERATURE.

THE MANAGEMENT OF ABORTION.

Read before the St. Louis Obstetrical and Gynecological Society, April 19, 1883.

By Walter Coles, M.D.

* * * * * * * * *

In the American Journal of Obstetrics, February, 1883, Dr. Paul F. Mundé, of New York, has written an article entitled, "The immediate removal of the secundines after abortion," in approval of another paper in the same journal by Dr. Alloway, of Montreal. The title of Dr. Alloway's paper is "The immediate use of the uterine scoop or curette in the treatment of abortions, vs. waiting or the expectant plan." Dr. Mundé says: "Having now expressed my opinion that the future safety of the patient demands that the secundines should be at once removed after expulsion of the factus in every case of abortion in which such removal can be accomplished without force sufficient to injure the woman, I will proceed to describe the manner in which it has been my custom to perform this operation." The doctor then goes on to say that when called to a case in which the fætus, had already been expelled, he would proceed "at once" to "forcibly" deliver the secundines by manual or instrumental means, provided the cervix was sufficiently patulous to admit a finger or curette, the patient being chloroformed for the purpose, and, where contraction of the internal os exists to such an extent as to prevent this, he would immediately resort to forcible dilatation. As I understand them, this would be the practice of Drs. Alloway and Mundé in all cases where there was reason to believe that any portion of the ovum or its appurtenances were still retained in utero, whether the immediate symptoms were urgent or otherwise; furthermore that they would follow this practice to the exculsion of what is ordinarily known as the expectant plan.

While it is far from my desire to detract from much that is meritorious in the two papers alluded to, candor impels me to say that the doctrines inculcated therein are somewhat ultra and dangerous in their tendencies, being too dogmatic and sweeping in character, while they are at the same time lacking in fairness towards those

who hold more conservative views. Dr. Alloway commences his paper by remarking that "In recently published text-books on obstetrics, we find insufficient stress laid upon the importance of removing at once a retained placenta after abortion." Dr. Mundé, in endorsing the foregoing, places all who would not advise the immediate chloroforming of a woman and "at once" and "forcibly" removing a retained placenta, as in favor of a "let-alone" policy. Now this is by no means a fair statement of the attitude of our "older confrères," or of the less "progressive" among the younger members of the profession who are not en rapport with such advanced ideas. There is certainly a broad intermediate ground between a "do-nothing" and "let-alone" policy and the heroic measures recommend by Dr. Mundé.

Although the act of abortion is a pathological process, yet, like most other such processes it is more or less amenable to natural laws, which when properly guided and directed generally lead to a favorable termination. Under such circumstances nature often needs judicious assistance, but according to my experience it is seldom that her powers are so absolutely impotent as to require that they be unceremoniously ignored and supplanted by art.

To every one of experience it must be apparent that no routine treatment can be laid down for abortion. While certain fundamental principles must govern our action, our precise line of conduct will depend upon the circumstances surrrounding each individual case. In a word, it is the attendant's duty to reduce bleeding to a minimum and see that the uterus is effectually emptied at the earliest practicable moment. The methods which he should adopt to attain these ends must of course vary according to the stage of pregnancy, the degree of hemorrhage, and the condition of the os. Sometimes in early spontaneous abortions the entire ovum with all its annexe will have escaped before the physician arrives. In such cases, although the hemorrhage may have been serious, it will be found to have nearly or quite ceased, and there left little or nothing to do. Not unfrequently, owing to carelessness in disposing of blood-clots, the attendant finds himself in doubt whether the abortion has been completed or not. Under such circumstances he must be guided by certain indications. If he finds that all pain has ceased; that hemorrhage, which before had been considerable, has all stopped; that the uterus has been reduced in size, that its os is soft and patulous,

and with no indication of any substance presenting from within, he would be warranted in assuming that the uterus was empty. Nevertheless it would be safe to administer a full dose of ergot, and, if any doubt remain, it would be well to place a temporary tampon in the vagina before quitting the house. This would be all the utmost prudence could require under such circumstances; the attendant would certainly not be justified in forcibly dilating the uterus and scooping its interior without first "waiting" for the development of some evidence of retained secundines.

But, let us suppose that we have been called to a case in which the embryo has just escaped during the third month and the secundines are retained. Under such circumstances there is generally considerable hemorrhage going on, and the first thing in order is to check it. Of course the most effectual and desirable method of so doing is to empty the nterns and cause it to contract. A teaspoonful of fluid extract of ergot is administered, and the accoucheur at once examines the uterus. If it be practicable by digital manipulation, or the aid of forceps, to deliver the placenta, this is a fortunate circumstance which should be availed of on the spot. But if the os is too contracted to admit the finger, or even if patulous and the membranous placenta is so adherent as only to be detached in fragments, it is better not to disturb it for the time being, rather than to resort to immediate and forcible extraction. We should, however, be equally far from pursuing a passive policy; the hemorrhage should be controlled by means of a tampon, aided by ergot, supplemented by a full dose of tinet, of opium—the latter being especially beneficial as a soothing stimulant after blood-loss. A tampon ought always be applied with the aid of a speculum, that of Sims being the best. There is a great deal in the method of tamponing; it should be carefully packed over the os and around the cervix. The best material is old cotton muslin torn into strips; I prefer to put it in dry. Sponge is of very little service as a tampon; it absorbs the blood and permits it to flow through.

In most cases thus managed the physician will find on removal of the tampon twelve hours later that the secundines have either escaped entire, or else are presenting at the os, whence they may be readily removed by very slight manipulation. But in case this cannot be done without violence, it would be proper to wash out the vagina and again tampon, with the expectation that under the excitation of the plug and the continued influence of ergot the uterus will by its contractions detach and expel its contents. If at the end of twenty-four or thirty-six hours there is no indication of dilatation, it will be quite time enough to consider the propriety of artificial dilatation and extraction. If the internal os continues closed, it is pretty conclusive evidence that the placenta is still adherent and hence not extensively decomposed. Lusk recognizes this condition of the internal os as a valuable indication—a fact pointed out by Hüter. He remarks that "When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus." Such being the case, we have less reason for being in a hurry when the uterus is closed than if the inner os were lax and the discharges offensive; under the latter condition of things the practitioner should lose no time in emptying the uterus of all decomposing material, provided he can do so without inflicting too much violence on the organ itself.

All I am contending for is against extreme measures either way. Of course there are eases in which the medical attendant would be culpable if he did not resort to the methods advocated by Drs. Priestly, Alloway, Mundé and others. No doubt all of us have seen such eases, and that we have been called to patients where some such active policy had been too long neglected. The testimony which these gen lemen bear to the utility of the curette and forceps is valuable, but that scoop or curette should be resorted to primarily, before giving nature any voice in so important an affair, certainly savors of rash practice, fraught with unnecessary suffering and danger.

The advocates of immediate and forcible removal of the placenta are rather disposed to exaggerate the danger from hemorrhage. I would by no means underestimate the gravity of the serious depletion sometimes incident to abortion, but cases of fatal flooding must be exceedingly rare. In the majority of instances the most serious bleeding will be found to have already taken place before the physician reaches the patient; this usually commences prior to and during the extrusion of the embroyo, to be greatly augmented immediately after this act and in the interval between it and the arrival of medical aid. I dare say this is the observation of all of us. Indeed, I may say that when a case of abortion is carefully watched from the start and properly managed with tampon, ergot and opium, it must be exceptional for anything like a fatal or even dangerous hemor-

rhage to occur. At any rate the danger from this source is not sufficiently imminent to warrant immediate and vigorous measures for foreible extraction of the secundines when the chances are ten to one that nature when judiciously aided will accomplish the same end with much less hazard. For no matter how skilfully and cautiously done, a young, almost membranous placenta, when adherent and in a perfectly fresh state, cannot be detached without a certain degree of force, which materially aggravates the traumatism already existing and which is one of the chief and unavoidable dangers in every case of abortion.

We are assured by the advocates of immediate removal that this feat is very easy of accomplishment,-a thing which the merest tyro may perform—but most of our leading obstetrical authorities entertain a different view of the difficulties and dangers involved. Playfair, while admitting the desirability of emptying the uterus when feasible, goes on to say: Cases, however, are frequently met with in which any foreible attempt at removal would be likely to prove very hurtful, and in which it is better practice to control hemorrhage by the plug or sponge tent and wait until the placenta is detached, which it will generally be in a day or two at most." Barnes reiterates the same advice, and eautions us that "We must not persevere too pertinaciously in the attempt at removal lest we inflict injury upon the uterus." The same author, recognizing the fact that the placenta, after abortion, quickly undergoes retrograde changes whereby its adherence to the uterine wall is weakened, thereby facilitating its removal, remarks that "The consulting practitioner here occasionally reaps credit which is scarcely his due. He is called in, perhaps, on the third day, or later, when the adhesion of the decidna to the nterns is breaking down. He passes in his fingers and extracts at once. But, had he tried the day before, he might have failed like the medical attendant in charge.—Obstet. Operations, p. 359.)

Whenever the uterus can expel the placenta within a reasonable time, that is to say, before decomposition takes place, it is better to rely on nature than on mechanical force, for the reason that uterine contraction nearly always effects a more perfect separation and cleaner deliverance. This is also much more apt to occur if the secundines are not interfered with, and are allowed to come away en masse. It is always a misfortune, to be guarded against if

possible, when the placenta is broken into fragments, for we can then never be quite sure that we have gotten it all, while the consequent diminution in bulk renders the uterus less able to expel any remaining portions, which may tend in future to provoke continued bleeding, or septicemia, two of the evils sought to be avoided.

Whenever there is serious and persistent hemorrhage threatening to exhaust the patient, active interference is, of course, demanded. Or, if there is an offensive discharge, and an elevated temperature together with rigors, we have good reason to apprehend blood-poisoning from the absorption of putrefying elements within the uterus. Under such circumstances it would be proper to explore the interior of this organ, dilatation being resorted to if necessary. For this purpose the tupelo tent is certainly far superior to the sponge or seatingle. It has all the dilating qualities of sponge, while it is cleaner and can be introduced more readily, even without a speculum if It has also the advantage over the sea-tangle in that it can be procured in larger sizes and is less liable to slip out of position. Whenever full dilatation is required the tupelo is preferable to all other tents. The uterine cavity having been exposed, all fragments of secundines should be carefully dislodged with either the finger or curette, after the manner so well described by Lusk and Mundé, and the organ washed ont with some disinfectant fluid. Where there is a tendency to bleeding, tincture of iodine answers an excellent purpose, and is cleaner than perchloride or persulphate of iron as recommended by Barnes. Where the disintegrating fragments are small, repeated irrigation of the uterine cavity (the os being patulous) will generally suffice, as they usually melt down and come away with the discharges. It is not safe to scrape the uterine surface more than can be avoided, for fear of opening up fresh avenues by which septic materials may reach the system, since we know that nature interposes a bar to infection by glazing over denuded surfaces and closing gaping vessels. For this reason Lusk remarks that "Fatal results are, however, rare, as decomposition is usually a late occurrence, setting in, as a rule, only after protective granulations have formed upon the uterine mucous membrane and after the complete closure of the uterine sinuses. - Science and Art of Midwifery, page 297.

In 1875 I contributed several articles to St. Louis Medical and Surgical Journal on the subject of "Abortion, its Causes and

Treatment." The following is the concluding paragraph of my last paper on that subject: "In all eases of abortion when there is a prompt and clean delivery, but little trouble is to be apprehended. Matters do not always progress thus favorably however, and the practitioner frequently finds himself confronted with one or more of four complications, for which he should always be on the alert: these are imperfect deliverance, hemorrhage, septicemia and inflammation. Now these conditions nearly always bear a certain reciprocal relation to each other, as well cause and effect, as in point of absolute danger. What are these relations; what their comparative danger? The proper answers to these queries embodies the practical manage-The dilemma may be thus stated: If there is ment of abortion, imperfect deliverance we are almost sure to have hemorrhage, whilst if in order to staunch the latter, we use heroic means to obviate the former, inflammation may be provoked; on the other hand if these measures are neglected, there is risk of septicemia. The whole question, therefore, turns upon the comparative importance inherent in each one of these conditions. The writer is clearly of the opinion that of all these complications inflammation is the one most to be dreaded; and for the reason that women rarely flood to death during abortion, while many die from inflammation, the result of rough manipulation of the uterus. Not only is this so, but inflammation under such circumstances is peculiarly liable to septic complications: indeed it is quite certain that the breaking up and gouging out of the placenta, by which the mucous membrane is bruised and lacerated, predisposes more certainly to septic fever than the temporary retention of the secundines would be likely to do. Even with the greatest care it is frequently impossible to remove the afterbirth without breaking and leaving more or less behind as the focus of fresh hemorrhage, irritation and poison; whereas if left to nature for a few hours, or even days, easy detachment might be effected, great peril avoided, and perhaps a life saved. The good old maxim, 'meddlesome midwifery is bad,' applies as well to the management of abortion as to labor at term, and unless there are clear indications for it, of which every man must judge for himself, we hold that it is better to pursue an expectant policy in reference to the placenta, believing that upon the whole the risk is less when nature has at least some voice in its detachment and delivery, than when it is precipitated by unnecessary interference,"

[We will not apologize for not giving our readers the articles by Drs. Mundé and Alloway, as Dr. Coles includes their methods of treating abortion in his review; but we believe the profession generally will bear out Dr. Coles in his method of managing abortion.— Editor.]

AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association will hold its Eleventh Annual Session at Detroit, Mich., commencing Tuesday, Nov. 13th, 1883, and ending Friday, Nov. 16th.

The subjects which have been chosen for special consideration at that time are:—

- I. Malaria.—Its etiology and the methods for its prevention in localities or in persons; its American history; its specific particles; its origin; the condition of its pervasion; its laws of extension, etc.
- II. Foods.—Their adulterations; healthy or deleterious modes of the preservation and the function of legislation in regard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc.
- III. VITAL STATISTICS.—Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics.
- IV. THE CONTROL AND REMOVAL OF ALL DECOMPOSABLE MATERIAL FROM HOUSEHOLDS.—The mechanical laws, constructions and appliances relative thereto. The construction of all inside pipes and their connections, their traps and syphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill-effect.

The Executive Committee by this outline desires to avoid general dissertations on these subjects, and to secure facts and opinions as to practical methods of dealing with the interest of public health. Reasons for the views entertained, the results of experience and the

best judgment as to preventive and restrictive measures are especially sought.

Methods and systems of Physical Education, drill, etc., feasible in the school-room, will be discussed. While papers of merit on other topics are by no means excluded, it is believed wise to concentrate the preparation of papers and discussions upon these topics.

The Special Committees on Compulsory vaccination, the Management of Epidemics, and on Diseases of Animals, will, before the completion of their reports, be glad to receive communications from any who have facts or opinions bearing on these suejects.

Active and Associate Members have the same consideration in the presentation of papers, and in discussion. Gentlemen who propose to present papers are respectfully requested to notify the Secretary by Sept. 1st, and to give the titles of their proposed papers.

The Executive Committee insists that a synopsis of the papers to be offered, and statement of the time required for reading, be sent to the Secretary by Oct. 15th, and that the paper complete be in the hands of the Secretary at least three days before the meeting, having been sent by mail or express either to his office at Boston, or care of Dr. Wm. Brodie, Detroit, Mich., after Nov. 9th.

The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and coöperation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well being.

Inquiries of a local character may be addressed to Wm. Brodie, M.D., Chairman Local Committee, Detroit, Mich.

A later circular, giving such detailed information as to local points, programme, transportation, etc., as may be available, will be issued in due season before the meeting.

If any member entitled to them has failed to receive Vols. VII. or VIII. of the Transactions (Savannah and Indianapolis meetings), the Treasurer, Dr. J. Berrien Lindsley, Nashville, Tenn., should be notified. By order of the Executive Committee,

Azel Ames, Jr., Secretary.

THE APOTICARYE.

Our good friend, William Bulleyn, gave the following excellent rules for an apothecary's life and conduct:

- "1.—Must fyrst serve God, forsee the end, be clenly, pity the poore.
 - " 2.—Must not be suborned for money to hurt mankynde.
- "3.—His place of dwelling and shop to be clenly to please the sencers withal.
- "4.—His garden must be at hand with plenty of herbes, seedes and rootes.
- " 5.—To sow, set, plant, gather, preserve and kepe them in due tyme.
- "6.—To read Dioscorides, to know ye natures of plants and herbes.
- " 7.—To invent medicines to chose by coloure, tast, odour, figure, &c.
- "S.—To have his mortars, stilles, pottes, filters, glasses, boxes, cleane and sweete.
- " 9.—To have charcoles at hand, to make his decoctions, syrnpes, &c.
 - " 10—To kepe his cleane ware closse, and east away the baggage.
- " 11—To have two places in his shop—one most cleane for the phisik, and a baser place for the chirurgie stuff.
- "12.—That he neither increase nor diminish the phisician's bill (i. e., prescription), and kepe it for his own discharge.
 - " 13,-That he neither buy nor sel rotten drugges.
 - "14.—That he peruse often his wares, that they corrupt not.
- "15.—That he put not in quid pro quo (i. e., use one ingredient in the place of another when dispensing a physician's prescription) without advysement.
 - " 16.—That he may open wel a vein for to helpe pleuresy.
 - " 17.—That he meddle only in his vocation.
- "18.—That he delyte to reede Nicolaus Myrepsus, Valerius Cordus, Johannes Placaton, the Lubik, &c.
- "19.—That he do remember his office is only to be ye phicisian's cooke.
 - " 20.—That he use true measure and waight.
- "21.—To remember his end, and the judgement of God: and thus I do comende him to God, if he be not covetous, or crafty, or seeking his own lucre before other men's help, succour, and comfort."—

 Jeafferson's Book about Doctors.

GILLRAY'S CARICATURE OF PROFESSIONAL MATTERS.

There is no field which has not been invaded by the caustic pencil of the caricaturist. A glimpse at an old copy of Gillray's Works brings to our mind two or three caricatures, which are of interest now.

The one entitled "The Gout" vividly pictures the horrible pain of the disease. The demon of torture, a horrible imp, has seized upon the helpless great toe of a sufferer, and is harrowing the limb with a combination of hooks, barbs, forks, and tearing teeth.

Another, and better known caricature is entitled "The Cow-Pock -or-the Wonderful Effects of the New Inoculation-Vide-the Publications of the Anti-Vaccine Society." This picture represents a vaccination scene in Jenner's office. Patients are coming in at one door where they are in turn dosed with "opening mixture." A bandy-legged work-house lad is holding a milk pail filled with "vaccine pock hot from the cow" and has a pamphlet stuffed in his coat pocket on "Benefits of the Vaccine," &c. Dr. Jenner is in the act of vaccinating a fat woman with an enormous lancet, making liberal incisions in her arm. As the crowd files around and out of the room, the horrible effects of the vaccination are shown. Enormous growths from the arms, nose cheek and ear, in the shape of a cow's head are seen, and disgusting sights of diminutive cows slipping out from under the clothes of a male and female. On the wall is a picture of the worship of the golden calf. The portrait of Jenner is a very good one.

Another caricature is entitled "Scientific Researches! New Discoveries in Pneumaticks!—or—an Experimental Lecture on the Powers of Air." The scene is in the lecture-room of the Royal Institution. The lecturer, Dr. Garnet, (the lecturer in Chemistry who died in 1802) is practically illustrating his discourse by experimenting upon Sir J. C. Hippesby, who is considerably embarrassed by the volume of gas escaping from his breeches, causing his immediate neighbors to seize their noses. Sir Humphry (then Mr.) Davy, is assisting the operator. The droll head of Count Rumford is seen near a cabinet of electrical apparatus.

The last sickness of Charles James Fox, pictures him surrounded by political adherents and opponents. An old Abbess and "Bishop O'Bother" are persuading him to make confession. The dying statesman is made to say "I abhor all communion which debars us the comfort of the cup! Will no one give me a cordial?" One of the by-standers asks: "Well, doctor, have you done his business? Shall we have the coast clear soon?" To which the Doctor, a knowing looking specimen of a leech, with a "Composing Draft" in his hand replies "We'll see!" Fox is depicted evidently as dying with gout. A dice cup is shattered on the floor at his side. This was published in 1806.

No med J. (0,5.) 12:113-114, \$\pm 2, Ang 16\forall 3. ANTISEPTIC TREATMENT BY MEANS OF BICHLORIDE OF MERCURY.

No practical application of the knowledge of the antiseptic properties of corrosive sublimate was made use of, probably through fear of its well known toxic effects. The first clinic in which it was used was in that of Von Bergman, of Würtzberg, where a gause prepared with it was used instead of antiseptic gauze. The credit of using it as a general antiseptic belongs to Kümmell, of Hamburgh. Acting upon the possibilities which the experiments of Koch, Dongall, Billroth, Bucholz and Sternberg suggested, he proceeded to make a practical test of corrosive sublimate as an antiseptic wound dressing.

He first used a solution of a 1 to 5,000, but gradually increased it to 1 to 1,000, and even to one per cent. solution, without the slightest trace of dangerous symptoms supervening. In two patients treated with the one per cent. solution, constitutional effects of the drug appeared.

As corrosive sublimate blackens steel and nickel-plated instruments it was not used as a bath for them, but a five per cent. carbolic acid solution.

After seven months' use of corrosive sublimate for the irrigation of wounds and for the scrubbing of the floors and tables of the operating rooms, no ill-effects have occurred except in the cases above cited.

The dressings devised by Kümmell consist of sublimated gauze and cotton, sublimated silk, sublimated catgut, oil, and sublimated

inorganic dressing materials. These latter comprise powdered glass, sand, coal ashes, asbestos, lint made from spun glass, and, for the purposes of drainage, capillary threads of spun glass.

Directions are given for the preparation of all the antiseptic outfit.

To the country doctor this will appear as the refinement of Miss-Nancyism in surgery—and so it is.

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION.

This Society met in Wilmington, at Tienken Hall, at 10 o'clock A. M., Wednesday, August 8th. The President Mr. W. Simpson, of Raleigh, called the meeting to order. Mayor E. D. Hall delivered the address of welcome on behalf of the city, and Mr. William H. Green, on behalf of the druggists of Wilmington.

The roll was called and 42 members answered to their names.

Several good papers were read.

Drs. Potter and G. G. Thomas on behalf of the Medical Society of North Carolina, presented a request for a conference on the adoption of further means for the prevention of mistakes in compounding medicine. A committee of conference was appointed by the Society, and the matter will be reported upon at some future day.

The following officers were elected for the ensuing year:

President-Wm. H. Green, Wilmington.

First Vice President.—J. H. Hill, Goldsborough.

Second Vice President.—V. O. Thompson, Winston.

Third Vice President.—T. C. Smith, Charlotte.

Secretary—James C. Munds, Wilmington.

Local Secretary.—L. R. Wriston, Charlotte.

Treasurer.—A. S. Lee, Raleigh.

The next annual meeting will be held in Charlotte, second Monday in August, 1884.

NOTES.

SO_{3.} We suggest, very timidly, it is true, that the heading SO in the *Cincinnati Lancet and Clinic*, might well be changed to SO_{3.}

Dr. L. S. McMurtry has retired from the Louisville *Medical News* and is succeeded by Dr. H. A. Cottell, formerly an editor of that journal.

The Medical Society of Virginia will hold its annual session Thesday next, 4th day September, at Rockbridge, Alum Springs. A good meeting is expected, and we rather envy the North Carolina delegation for the pleasure they will have there.

Science and Religion.—"Fontenelle said of Dodard, that he turned his rigid observance of the fasts of the Church into a scientific experiment on the effects of abstinence, thereby taking the path which led at once to heaven and into the French Academy."—
Tyndall in Littel's Living Age, No. 2041.

STYLOSANTHES ELATIOR, is a leguminous plant, common in this State, and known by the vulgar name of pencil flower.

An extract of this plant was introduced some months ago by Messrs, Hance, Brothers & White, of Philadelphia. It was claimed for it that it possessed the remarkable property of subduing pains and discomfort in the uterus in the last months of pregnancy. After a fair trial we are able to confirm this claim, and too add that its effects are prompt and satisfactory.

Mr. Reginald Harrison, of Liverpool, has sent us his Address "On Some Recent Advance in the Surgery of the Urinary Organs," delivered before the Section of Surgery of the British Medical Association, at its last meeting. It is a thorough exposition of this branch of surgery, and we are pleased to note that proper recognition is given to the work of American Surgeons. Mr. Harrison has always the happy faculty of being clear and practical.

DIGITALIS A PECULIAR SUDORIFIC,—Dr. J. M. Lazell in calling attention of the West Virginia Medical Society in his report on New

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Remedies says: Tincture digitalis, long continued, produces a peculiar and remarkable kind of sweat over the whole body. This is continuous and will remain several days after discontinuing the remedy. The skin is bathed in perspiration, and is shriveled and corrugated like a washerwoman's hands.—Journal American Medical Association.

Atlantic Journal of Medicine.—This is a handsome journal just born in Richmond, making the third medical monthly published there. We welcome it to our exchange list, and wish for it less trouble and anxiety than usually befalls such work in the South.

The Virginia Medical Monthly has demonstrated the fact that one first-class medical journal can flourish, it now remains to be proven if a city of seventy-five thousand inhabitants with all its rich tributary country and medical talent can sustain three,

Hyposulphite of Soda as a Disinfectant in Carcinoma Uteri.—In the July Journal we called attention to the statement by Dr. W. E. Buck, that hyposulphite of soda would destroy the horrible odor of a cancerous womb. Since then we have put it to the practical test, and find that it answers the purpose well. One pound of the hyposulphite (costing 15 cents a pound at retail) to a pint of water, applied to the womb on absorbent cotton, after daily cleansing the parts with water containing the salt, answers the purpose. The patient is made more comfortable, and the air of the room nearly pure.

How Patent Medicines Pays.—The Milwaukee Sentinel in a very sensible article on "Patent Medicines," truthfully says: "It is advertising that is the secret of success in the case of patent medicines, if there is any secret about it. There is not a patent medicine which is superior to the preparation provided for by the standard medical publications. It is much simpler, however, for the person who wants a medicine, to buy a bottle of patent medicine, good for every human ill than go to a physician. By advertising a patent medicine extensively and persistently the people are brought to recognize certain common and simple sensations as evidences of a disease which this particular remedy will cure. About all that is required to succeed in the patent medicine line is money and nerve to

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nse it in advertising. It makes no sort of difference what medicine it is—the combination of drugs is the item of least importance. It is well, perhaps, to put the drugs, if any are used, in spirits, so that a man can take his whiskey with a clear conscience—indeed, with a sense of his own worthiness in taking care of his health. Occasional changes in the name of the medicine and of the maker are desirable, for after a few years the public demands something new. The same medicine may be used, but a change of name and of the character of the illustrations is demanded. After a long run of a patent medicine as a cure for lung troubles, a new run may be established by calling it a remedy for stomach troubles. When a fortune has been made out of lung pads, they can be cut down in size and another fortune made out of them as kidney pads."—New York Medical Record.

Proving one's own Testamentary Capacity.—The new law of Michigan seems based on marvellously good common sense, and will avoid a deal of annoying post-mortem litigation over wills, by establishing a ante mortem the testamentary capacity of the testator. It provides that the testator may go into court, giving notice to all concerned, and have his own will proved. Any doubt as to his sanity must be settled then and there. Nor will the opinion of any supposed heir be warped by a question as to his personal interest for the contents of the will need not be divulged. The only question is, whether the testator is mentally fit to make a will. What flaws our legal friends may find in the method we do not know, but it certainly commends itself to the common mind as a most excellent way of preventing trouble and unseemly conflicts in expert testimony.—

Phil. Med. News, May 26.

Who Would not be a Doctor?—Quite a number of our young men are studying for the medical profession. We do not wish to deter them from this laudable pursuit, for a physician's calling is one of the most honorable, ennobling, humanizing, and useful in the world. But all is not gold that glitters, and the following are some of the sweets of a doctor's life: If he visits a few of his patients when they are well, it is to get his dinner; and if he does not do so, it is because he cares more for the fleece than the flock. If he goes to synagogue regularly, it is because he has nothing else to do; if

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he doesn't go, it is because he has no respect for the Sabbath nor religion. If he speaks reverently of Judaism, he is a hypocrite; if he doesn't, he is a materialist. If he dresses neatly, he is proud; if he does not, he is wanting in self-respect. If his wife does not visit you, she is "stuck up;" if she does, she is fishing for patients for her husband. If he has a good turnout, he is extravagant; if he uses a poor one on the score of economy, he is deficient in necessary pride. If he does not write a prescription for every trifling ailment, he is careless; if he does, he "deluges one with medicine." If he makes parties it is to soft-soap the people to get their money; if he does not make them, he is afraid of a cent. If his horse is fat it is because he has nothing to do; if he is lean, it is because he isn't taken care of. If he drives fast, it is to make people believe somebody is very sick; if he drives slowly he has no interest in the welfare of his patients. If the patient recovers, it is owing to the good nursing he received; if he dies, "the doctor did not understand his sickness," If he talks much, "we don't like a doctor that tells everything he knows," or, "he is altogether too familiar;" if he don't talk, "we like to see a doctor sociable." If he says anything about polities "he had better let it alone;" if he don't say anything about it, "we like to see a man show his colors." If he does not come immediately when sent for, "he takes things too easy;" if he sends in his bill "he is in a terrible hurry for his money." If he visits his patients every day, it is to run up a bill; if he don't it is unjustifiable negligence. If he orders the same medicine, it does no good; if he changes the prescription, he is in league with the druggist. If he uses any of the popular remedies of the day, it is to cater to the whims and prejudice of the people, to fill his pockets; if he don't use them it is from professional selfishness. If he is in the habit of having foequent consultations it is because he knows nothing; if he objects to having them, on the ground that he understands his own business, "he is afraid of exposing his ignorance to his superiors." If he gets pay for onehalf his services he deserves to be canonized. Who wouldn't be an M.D.?—The Hebrew Standard—N. Y. Medical Record.

CORRESPONDENCE.

HOT WATER A RESTORATIVE IN CHLOROFORM NAR-COSIS.

Mr. Editor:—I will call attention to a remedy with which I have been quite successful in several cases, and am satisfied it is a most valuable agent. The application of as hot water as can be borne without injury to the parts, in over-dosing with chloroform, or where patients are easily impressed and there is danger to life. My mode of using, is to dip folded cloths or towels in the water, and I repeat hot water, and apply to the head, and so continue until reaction is established.

I have used it several times, and only a few weeks ago whilst amputating a leg, the patient was rapidly sinking from the effects of chloroform, (and being an old man and probably from the shock and loss of blood) I used diligently the ordinary means for restoration, such as lowering the head, drawing forward the tongue, pressure upon the chest, friction, warmth, ammonia to the nostrils, &c., and for a time I feared death was inevitable. Hot water being convenient, its application was made as above stated, and almost instantly there was movement of the head and extremities, and in a short time restoration was established, and my patient soon recovered.

You and others may be familiar with the use of hot water in chloroform poisoning; but I have never heard of its being used in this way before, and my friend, Dr. Stevens, a recent graduate of the Jefferson Medical College, who assisted in the above operation, said it was not used in the hospitals or clinics and was so much pleased with its action that he insisted it should be given to the profession.

I ascribe the good effect to the shock and warmth, causing a rapid return of blood to the brain. It is certainly a safe, convenient, and in my experience, a valuable agent, and I sincerely trust others may find it, if not the remedy so much needed, a potent adjuvant.

Yours, truly,

A. HOLMES, M.D.

Clinton, N. C., July 24th, 1883.

BOOKS AND PAMPHLETS RECEIVED.

Sanitary and Statistical Report of the Surgeon-General of the Navy for the Year 1881. Washington: Government Printing Office: 1883.

Fifteenth Annual Report of the President of the Inebriates Home. Fort Hamilton, N. Y., for the Year 1882. Brooklyn: Eagle Book and Job Printing Department. 1883.

A Contribution to the Study of Neglected Lacerations of the Cervix Uteri and Perineum. By Thomas A. Ashby, M.D. Read before the Clinical Society of Maryland, May 4th, 1883.

Transactions of the Medical Society of the State of Tennessee. At its Fiftieth Annual Meeting, Nashville. 1883. Nashville: Printed at "The American" Book and Job Printing Rooms. 1883.

The Essentials of Pathology. By D. Tod Gilliam, M.D., Professor of Physiology in Starling Medical College, &c. 48 illustrations. Philadelphia: P. Blakiston, Son & Co. 1883. Pp. 296. [Price \$2.00].

On Some Recent Advances in the Surgery of the Urinary Organs. An Address on Surgery delivered before the Fifty-first Annual Meeting of the British Medical Association, at Liverpool, August 1, 1883. By Reginald Harrison, F.R.C.S. London: J. & A. Churchill, New Burlington Street. 1883.

Transactions of the South Carolina Medical Association. Thirty-third Annual Session, held in Yorkville, S. C., April 25th and 26th, 1883. Charleston, S. C.: Edward Perry, Printer, Bookseller and Stationer, No. 149 Meeting Street. 1883.

Transactions of the Medical Society of the State of Pennsylvania, at its Thirty-fourth Annual Session, held at Norristown, May 9, 10, 11, 1883. Volume XV. Published by the Society. Philadelphia: Collins, Printer, 705 Jayne Street. 1883. Pp. 518.

A Text-Book of General Pathological Anatomy and Pathogenesis. By Ernest Ziegler, Professor of Pathological Anatomy in Tübingen. Translated and edited for English Students. By Donald MacAlister, M.A., M.B., &c. New York: William Wood & Co., 56 and 58 La Fayette Place. 1883.

Remarks on Hydrophobia. Read before the Philadelphia County Medical Society, May 23, 1883. By Charles W. Dulles, M.D., Surgical Registrar to the Hospital of the University of Pennsylvania, Surgeon to the Out-door Department of the Presbyterian Hospital. Reprinted from the Philadelphia Medical Times for Aug. 11, 1883.

NORTH CAROLINA MEDICAL JOURNAL.

THOMAS F. WOOD, M. D., Editor.

Number 3. Wilmington, September, 1883. Vol. 12.

ORIGINAL COMMUNICATIONS.

THE HEALTH OF OUR SCHOOL-GIRLS. By R. L. PAYNE, M.D., Lexington, N. C.

Ex-President North Carolina Medical Society, Ex-member North Carolina Board of Medical Examiners, Member of the North Carolina Board of Health, Honorary Fellow of the Abingdon Academy of Medicine, &c.

While very much has been done to elevate woman intellectually, and to enoble her morally by education, much has also been done by the defective system pursued in her education, to render her an invalid, and thereby to disqualify her for the noblest purposes for which she was created.

This has long been my honest opinion, and for years I have acted upon it, and been silent, and even now, I do not offer the following paper upon the subject, as one containing new ideas, but only as a corroboration of the opinions of wiser, and better men upon the same subject.

Notwithstanding the clamor for the rights, and for the higher education of woman, I confidently believe that, her grandest, highest, and noblest, destiny on earth is most perfectly fulfilled, when she becomes in the fullest sense of the words, a good wife, and a good mother.

And I believe that any defect of moral, mental, or physical training which unfits her for these sacred offices, is a crime against God, and humanity, and is a shame to this enlightened age!

The lamented Chas. D. Meigs was in the habit of saying in one of his lectures to his class, "What is more alike than a little boy, and a little girl", and he might have said with greater propriety, what is more unlike than a boy, and a girl after puberty.

Now the great defect of our plan of female education consists chiefly in the fact that this difference is not recognized, or if recognized, is not regarded of any moment, and girls are forced, and crammed, and hurried through their school-days just as the boys are, and no provision is made for those organic changes which are going on, nor for that monthly rest, and freedom from care which they absolutely require in order to a proper development of their reproductive natures.

Certainly she should be educated, and well educated too. Give her a good English education, and more if she can acquire it without injury, but leave off those abstruse studies which vex, and perplex the mind, and allow her a longer period of time in acquiring an education; because she requires good digestion, good blood, good muscle, a vigorous nervous system, and a normal menstrual function, as much or more, than education, to fit her for a good wife, and mother. She can have both good health, and sufficient education, provided time and opportunities are given her for physical growth, as well as for mental culture.

Teach her to cultivate virtue, modesty, fortitude, and religion, Teach her to be generous, warm-hearted, and compassionate.

Assure her that when she enters the arena of public life, she very generally unsexes herself, and becomes a sort of neuter-gender; a laughing-stock for men, and an object of pity for all true-hearted women.

Impress upon her the truth, and beauty of the following lines, and advise her to be guided by them through life:

"Seek to be good, but aim not to be great;
A woman's noblest station is retreat;
Her fairest virtues fly from public sight,
Domestic worth, that shuns too strong a light,"

Of course, no one will deny that she is capable of the highest order of education, but I do hold, that she cannot in many instances attain to this high standard, without impairing to a greater, or less extent those peculiar attributes, and characteristics, which of right belong to every true woman, and without which, she is not desirable as a "helpmeet" for man.

Of all the women on earth, the woman who is wedded eternally to books, or other literary pursuits, makes the poorest wife, and the most negligent mother, but on the other hand, a woman of fair education, sound mind, fine health, and a warm, and generous heart, will fill these responsible, and sacred positions in every particular.

Will fill them as God Almighty intended them to be filled!

I think that six hours of study a day are enough for any girl between the ages of twelve and eighteen years. Let the remainder of the day be spent in household duties, in romping, and playing, and other exercise in the open air, and sunshine, with entire freedom from all brain worry, and care, if possible.

By all means let her rest as much, and sleep as long as she chooses during the catamenial week. Then, let public examinations be dispensed with in our schools, give no medals, offer no rewards except for goodness, and our girls will grow up into fairer, better, and healthier women.

Dyspepsia, nervous diseases, and uterine troubles are becoming more common every day, and very often these ills can be traced directly to the school-room; in part, for the reasons before mentioned and to a very considerable extent, to the fact, that principals, teachers, and matrons of our seminaries, are very generally ignorant of the first principles of physiology, and more especially of the physiological necessities of the young female just blooming into womanhood. At least, one would be led to suppose that they are ignorant upon this subject, or what is, perhaps, more to be deprecated, are willing, that a sprightly girl shall suffer physical ills, rather than mar the brilliancy of a commencement by her absence; since the supercilious airs assumed, the bad temper manifested, and the tenacity, with which they hold on to a sick girl, when a physician advises rest, and home for her, would seem to indicate as much.

I will cite two cases, out of many, which have come under my observation, in confirmation of my positions.

Some six years ago, a girl left my town to complete her education

in a female seminary. When she left home, she was in all respects in a normal and vigorous condition. She was a bright, ambitious, and energetic girl, and needed no persuasion to make her apply herself assiduously, so at the very first commencement she received a medal, and bore off many of the honors of the oceasion, but came home in bad health.

She was pale, feeble, and dyspeptie, and suffered from headache, backache, and slight menstrual irregularity. Exercise in the open air, tonies, nutritious and easily digested food, and absolute abandonment of study for six months were recommended.

During the vacation she improved in health, and had she not gone back to school, would no doubt have gone on to complete recovery, but owing to the urgent appeals of the principal of the school, and the importunities of the girl, she was sent back at the beginning of the next session. She went on through this, and the session after, in very poor health. About a month before the end of the term she wrote her mother that she was doing well in all her studies, but that her health was wretched, and that she had not had a menstrual flow for months.

The father again consulted me and was advised as before, that was, to give her rest, and home, etc. He immediately saw the principal and explained to him my opinion, and advice, but that very learned gentleman only laughed and assured him that "all doctors were alarmists, that such cases were very common, and never resulted in serious consequences."

He said further that it would be most unfortunate both for his school and for the young lady to remove her then, especially since her success as a brilliant scholar would certainly be assured by her remaining until the close of the term.

So she dragged along until commencement, with an aggravation of all her bad symptoms, and came home, a very fair scholar, but alas! has never been a sound woman since.

Instead of amenorrhæa, she now has dysmenorrhæa, and most likely a flexion of the womb also.

Case II.—About the first of last May, a lady of my acquaintance, received a letter from her daughter who was absent at school, in which she said that she was in general bad condition, had headache, backache, general malaise, and had not had a catamenial flow since the month of February. The father of the young lady consulted a

physician of experience who advised him to bring his daughter home at once. Wishing to follow this advice he sent her money, and directed her to come home, but she was not permitted to do so. Instead of this, a letter came from the principal of the school from which the following facts, in substance, were gathered: He says we have never had a session here, nor while I was a teacher in another school was there one, without having had "many such cases." Then giving the names of two of North Carolina's most eminent physicians he says, "they say, and the attendant physician of every institute I know of says the same, that mental activity, and excitement consume such an increased quantity of blood by means of the brain, that in many cases the monthly discharge is arrested, but no permanent ill effects ever follow."

Now, suppose I were to grant that the amenorrhea of which he speaks (and which seems to have been the only symptom which arrested his attention) is never followed by evil effects. I am positively sure, that the two eminent physicians to whom he refers, never could have intimated to him, that no evil effects ever follow a train of symptoms such as were present in this lady's case. But I will not grant even this, for I confidently believe, that while amenorrhea is only a symptom, it is a symptom which indicates a very grave state of the system, and warns us not only of present ill health, but of coming local trouble to the uterus, and its appendages, if the warning is not heeded.

The father was compelled to go to the expense of going for his daughter, and when he repeated his physician's opinion to the principal the pedagogue replied that he "would rather have the opinion of an ordinary drayman, than that of a country doctor."

When the doctor heard of this comely speech he said, "Well, I did not know before this, that living in a city made a doctor, and I am sure that does not make a principal of a high-school, for I know of a small city, that can boast of a *small principal*, of a small female seminary, who is neither a Lord Chesterfield for politeness, nor a Solomon for wisdom, and who has more of coarseness than an ordinary drayman", and smiling, he repeated *sotto-voce*:

"A litte learning is a dangerous thing;
Drink deep, or taste not, the Pierian spring;
For shallow draughts intoxicate the brain,
And drinking deeply sobers us again."

This last case is of interest in more than one particular, and this is my excuse for giving it in detail.

Let me now call attention to some particulars of normal menstruation which relate to my subject. The menstrual period is generally preceded by more or less indisposition, by nervous excitement, more or less pain and heaviness in the loins and thighs, hardness of the mammary glands, etc.

There is an increased flow of blood to all the pelvic organs. ovaries, the Fallopian tubes, the nterns are all highly congested, and even the vessels of the rectum and bladder partake of the fulness, yet no evil results follow, provided relief is afforded by a natural menstrual flux. It is now considered certain that the "menstrual discharge has its true source in the mucous membrane which lines the uterns. M. Pouchet believed that the whole, or a greater part of the mucous membrane is shed at each catamenial period, but Leishman says, "we believe that, in all probability, the views of Kolliker, which have been recently, in some degree, confirmed by Robin, point to a more correct conclusion. These distinguished histologists believe with Coste that the mucous membrane becomes thickened during menstruation. They hold, however, that the blood escapes from ruptured superficial capillaries, the epithelium covering the mucous membrane of the body being in great part thrown off. The interesting observations of Robin as to the structure of the utricular glands, make it more than likely that a considerable portion of the discharge comes from these: but that it comes from the surface of the membrane as well, and probably, to a trifling extent, from that of the Fallopian tubes, we may consider certain." Dalton and other physiologists teach about the same thing.

Now, this is the normal, or physiological process, and results in benefit to the woman; but when hindered from any causes except gestation, and lactation it becomes a pathological condition, which in my opinion, points both to present ills, and leads to others.

With these invalid girls, there is present every month, pain and heaviness in the back, and lower extremities, leucorrhæa, lassitude, and general nervousness, in fact, all the symptoms which precede, and accompany a normal menstruation except the flow. "The external sign of ovulation, showing, beyond a question that there is a molimen, a struggle to ovulate, and menstruate, but the effort is ineffectual, for although nature asserts her rights, and cries aloud for relief, she is too feeble to perform them."

There is congestion of all the pelvic organs, but a congestion not sufficiently active to produce rupture of those capillary vessels which give outlet to the menstrual fluid.

A portion of the blood has been consumed by, or diverted to the brain in its extra efforts, but enough remains to cause a passive congestion of the organs of generation.

Can such congestions occur month after month, without eventually giving rise to such serious local troubles as inflammations, displacements, etc., etc., of the womb? I think not, but on the contrary, I believe, they are most potent factors of uterine troubles.

These poor girls all need more or less medication, but infinitely more than medication they need home, a mother's tender care, and that freedom from anxiety, and excitement, which home alone can give. Truly for them, "there is no place like home," therefore, whenever the school-girl becomes pale, nervous, and feeble, and complains of oft-recurring pains, in chest, head, and back, and suffers from indigestion, constipation, etc., she should not be sent, as is customary, into the infirmary of the school; but should be sent home, or the next best place to it, where she can rest, and all study, and all thought of books abandoned for an indefinite period—abandoned until vigorous health is restored.

The infirmary, is no better for her than a prison, and sending her to either, to recuperate from such a state, I look upon as barbarous. And if she has already gone so far down the scale of ill-health, as to suffer with leucorrhæa, amenorrhæa, dysmenorrhæa, menorrhægia, metrorrhagia, or any other symptoms which indicate derangement of the organs of generation, it becomes more important still that she shall be sent home immediately.

Such a girl is utterly unfit for study, and parents, guardians, and teachers, should be taught, that it is not only cruel; but is also a crying shame, and a sin to have her make the effort!

Allow me, now, to quote the opinions of the very highest authorities upon this important, but much neglected subject. There is a little work called "Sex in Education," by Prof. Edward II. Clarke, which is worth its weight in gold, and from which I offer a few extracts:

Says Dr. Clarke: "The principal organs of elimination, common to both sexes, are the bowels, kidneys, lungs, and skin. A neglect of their functions is punished in each alike. To woman is entrusted

the exclusive management of another process of elimination, viz.; the catamenial function. * * * * * * *

"A careless management of this function, at any period of life during its existence, is apt to be followed by consequences that may be serious; but a neglect of it during the epoch of development, that is, from the age of fourteen to eighteen to twenty, not only produces great evil at the time of the neglect, but leaves a large legacy of evil to the future.

"The system is then peculiarly susceptible; and disturbances of the delicate mechanism we are considering, induced during the catamenial weeks of that critical age by constrained positions, muscular effort, brain work and all forms of mental, and physical excitement, germinate a host of ills. * * * * * * The host of ills thus induced are known to physicians, and to the sufferers as amenorrhoea, menorrhagia, dysmenorrhœa, hysteria, anemia, chorea, and the like. Some of these fasten themselves on their victim for a life-time. Fortunate is the girl's school, or college that does not furnish abundant examples of these sad cases. * * * It is not asserted here. that improper methods of study, and disregard of the reproductive apparatus, and its functions, during the educational life of girls are the sole causes of female diseases; neither is it asserted that all the graduates of our schools, and colleges are pathological specimens.

"But it is asserted that the number of these graduates who have been permanently disabled to a greater, or less degree, or fatally injured by these causes, is such as to excite the gravest alarm, and to demand the serious attention of the community."

In his treatise on "Neuralgia and Diseases that Resemble it," Anstie says: "For, be it remembered, the epoch of sexual development is one in which an enormous addition is being made to the expenditure of vital energy; besides the continuous processes of growth of the tissues and organs generally, the sexual apparatus, with its nervous supply, is making by its development heavy demands upon the nutritive powers of the organism. * *

"When we add to this, the abnormal strain that is being put on the brain, in many cases, by a forcing plan of mental education, we shall perceive a source not merely of exhaustive expenditure of nervous power, but of secondary irritation of centres like the medulla oblongata." Dr. Maudsley says: "The great mental revolution which occurs at puberty may go beyond its physiological limits in some instances, and become pathological. * * * The monthly activity of the ovaries which marks the advent of puberty in woman has a notable effect upon the mind, and body: wherefore it may become an important cause of mental, and physical derangement.

has a notable effect upon the mind, and body: wherefore it may become an important cause of mental, and physical derangement.

That eminent physician, S. Weir Mitchell, in his monograph "Wear and Tear" delivers no uncertain sound in regard to the injuries to the female which follow forced study during the period of development. "He says, "Worst of all to my mind, most destructive in every way, is the American view of female education. The time taken for the more serious instruction of girls extends to the age of eighteen years, and rarely over this. During three years, they are undergoing such organic development as renders them remarkably sensitive. * * * To show more precisely how the growing girl is injured by the causes just mentioned would carry me upon subjects unfit for full discussion in these pages; but no thoughtful reader can be much at a loss as to my meaning. * * * To-day the American woman is, to speak plainly, physically unfit for her duties as woman, and is, perhaps, of all civilized females, the least qualified to undertake those weightier tasks which tax so heavily the nervous system of man. She is not fairly up to what Nature asks from her as a wife and mother."

Prof. Thomas in his work on the "Diseases of Woman" expresses himself in the following forcible words: "This pernicious system of training is observed most markedly in our large female seminaries, or boarding schools, where every hour of the day is alloted by rule to its special work. By this plan the mind is constantly kept in the thraldom of control, and chafes under the depressing influence of a never ending surveillance. A set of romping school-girls could as profitably laugh by rule, as really enjoy and improve by exercise under the eye of an instructress, or professor of calisthenics. It is not the mere bodily exercise which is of benefit, but the total mental relaxation, the exhilaration, and the abandon which accompany it. The prisoner working for eight hours on the treadmill, does not profit by it, as the free, and happy equestrian, or oarsman does, by one-eighth the time of exercise."

The distinguished gynæcologist, Prof. William Goodell, who always speaks to the point, speaks thus upon this subject: "Precocious cleverness is attainable only at the cost of physical, and sexual development. The brain-cramming of our boarding-schools, and

public schools; their buckram proprieties, and the autocratic Bismarkism of their government, breed a host of sickly girls who swarm in every class of society. Manifold diseases—functional, and structural date from the recitation room. They are mostly of a uterine complexion, for at that time of life the sexual sphere dominates, and the brunt of the nervous, and vascular disturbance falls on the most exacting organs—the reproductive.

So common, indeed, is it for girls in boarding schools to suffer either from amenorrhæa, or from irregular menstruation as to create a general impression in the community that, in these schools some drug is secretly given in the food in order to lessen the laundry work.

In one school of great repute so many girls missed their monthlies, that their physician wrote to me, asking whether it were possible, as his patients averred, "that as their clothes were laundried in the building something was given in their food, or drink, to produce the effect, for the purpose of saving the laundress the disagreeable task of washing."

Now, let me close this imperfect and hastily prepared paper with one more most significant quotation from Dr. Clarke: "A German girl, yoked with a donkey, and dragging a cart, is an exhibition of monstrous muscular and aborted brain development. An American girl, yoked with a dictionary, and laboring with the catamenia, is an exhibition of monstrous brain and aborted ovarian development."

DIPSOMANIA.

From Ball on Mental Diseases—Continuation of General Subject of Alcoholism.

 Λ . A. Gleason, (Translator).

To complete the history of alcoholism I propose to add to it the description of a special neurosis which, without being confounded with it presents such intimate relation to special intoxication, that it seems natural to bring them together.

Dipsomania, (from $\delta i \varphi \sigma_{\xi}$ thirst) has long been confounded with alcoholism and with delirium tremens; but we know to-day that it constitutes a perfectly distinct affection.

With the larger part of alienists I give this name to a special neurosis characterized by intermittent impulsive attacks, which keep up till the crisis is reached, and when it is passed allow the reason to regain its empire.

The conduct of the patient is then perfectly regular till the outbreak of a new attack.

There exists then, a profound difference, between inebriety and dipsomania. This difference has been very well expressed by Trélat in these terms: "Drunkards are men who get drunk when they have occasion to drink, dipsomaniacs are men who are drunk when the desire takes hold of them."

As to alcoholism, it is a natural consequence of chronic poisoning by alcohol. In the long run, drunkards often become alcoholic; dipsomaniacs almost always become so.

These points are perfectly well known to science; but when we try to lay down the boundaries of dipsomania there exists a marked divergence between English observers and French authors.

As to M. Foville, whose opinion is almost universally accepted in France, dipsomania is a neurosis always hereditary and always spontaneous; in other words, it is absolutely independent of the habits of the individual. For English authors there exist several kinds of dipsomania, and Hutcheson, one of the authors who has gone deepest into this question, distinguishes three varieties.

Acute dipsomania follows abundant hemorrhages, venereal excesses, times of special fatigue, dyspepsia; and we may see it occur in the convalescence from severe fevers. The subject is then taken by an irresistible desire which impels him to commit alcoholic excesses. The crisis once passed, these attacks may be repeated but health may be established as well.

Periodic dipsomania is characterized by intermittent paroxysms separated by, more or less, long intervals of sobriety. It corresponds with the neurosis described by French authors.

Finally, chronic dipsomania is an almost constant state, without intervals of lucidity; the patient then gives himself up every day to his vicious inclinations; every morning on waking he deplores his excesses and promises to give them up, but as the day advances his resolutions grow feebler and at evening he is intoxicated as usual.

By this portrait we recognize the greater part of old inebriates with whom habit has created a tyrannical passion which holds them enchained. For myself I would willingly take an intermediate position between the English and French, and admit two principal varieties of dipsomania; these are the hereditary form and the acquired form. In the first, the patient, victim of a congenital tendency, falls again and again into the same excesses in consequence of an irresistible impulse.

In the second a man primarily healthy acquires, so to say, a fatal tendency, a vice of moral confirmation, by the effect of long habit. This is why numbers of drunkards are absolutely incurable. They have created a fictitious want which, from time to time betrays them by irresistible impulses.

The two patients of whom I wish to speak to you to-day, may be taken each after his kind, as types of these two varieties.

Let us speak first of the patient who presents the classical type of dipsomania that of a neurotic impulse spontaneously developed.

The case is of a woman thirty-two years old, born in a distinguished family which counts several very intelligent members, but, at the same time the mentally alienated in as great numbers. Her first cousin has been an inmate of St. Anne for four years.

On this predisposed ground, dipsomania developed suddenly in the first pregnancy, nine years ago. She was three months pregnant when the first attacks appeared.

When one of these attacks comes on she escapes from the house in order to give herself up to her desire.

All alcoholic drinks appear equally to suit her, she shows no special predilection. Once out of the house she runs from one drinking saloon to another, spending foolishly the money that she has brought with her, and pawning things that she has taken with her. One day, in the Palais Royale, she pawned her husband's watch for two glasses of absinthe; another time she gave the value of 600 franks to get the worth of 40 centimes (\$120 for one-half penny). That was the only thing that could ever be recovered.

In fact when she escapes from the house, she is always well dressed and she carries of all that comes to hand, money, jewelry, linen and other things. She is found some time later completely despoiled, and almost in a state of nudity, it may be because she has spent all she had, it may be from letting herself be robbed while intoxicated.

She never returns spontaneously. She is always brought back by

the police. For eight years she has been arrested in all quarters of Paris, three, four and five days after her disappearance. Once the same policeman brought her in dead drunk, at two separate times with a three hours interval, in the same day. Most of the time she passed her nights out of doors, even in the most rigorous cold. She three times lost her young child which she took with her.

In 1874, she had been placed with one of her relatives, a country doctor. She remained there fifteen months during which time she continued her excesses notwithstanding the surveillance of which she was the object.

She has been placed twice in (the asylum of) St. Anne, where she now enters for the third time. This last committal was caused by a third attack which was manifested Jan. 22 last. She made way with half a litre of alcohol bought for cleansing purposes, then she went off after having locked up her husband and the person charged with watching her. After having tramped for a week, she was arrested at 2 o'clock A. M. in the street, taken to the police station, from which she comes to St. Anne.

During this attack, or rather when the attack is over she has complete amuesia. She remembers nothing; the family as well can tell nothing of what has taken place.

It is the police report alone which throws light on the situation.

In the intervals of attacks, she is gentle, very affectionate and intelligent. She is, however, subject to attacks of lypemania with a tendency to suicide; she once succeeded, in spite of the watchfulness of all around her in throwing herself out of the window.

She fractured both thighs and broke her teeth.

In fact, the patient now calmed by the privation from alcoholic drinks, shows herself completely rational. She blushes for the irresistible inclination which leads her to commit alcoholic excesses, she deplores them and would die to be rid of them.

At the same time it is certain that, set at liberty, she would take to her old habits again. The experiment has already been tried several times.

We have then, here, a true case of dipsomania, and we know with scientific certainty that the disease is absolutely incurable and that the patient is destined to terminate her days in an asylum although she enjoys the complete use of her intellectual faculties. You see here the type of the first variety.

The second patient presents an infinitely more frequent type.

The case is one of dipsomania acquired by a man who has committed excesses for a long time.

The patient is fifty-one years of age; he is an extremely intelligent typographer who presents no hereditary antecedents. He speaks several languages and gives proof of great skill in his trade. He was only at the age of thirty-six years in 1864, that he began to manifest alcoholic tastes. At the time of his marriage in 1856, he was very temperate drinking only hop tea. He began by drinking bitters beside his meal. Very soon he got in the habit of taking wine, and soon came to taking a litre at breakfast.

At the same time he abused the use of coffee.

Some years later the printing establishment in which he had been employed ceased work; he went to England where he remained three months without his wife, and then feeling himself free he began to drink gin, whiskey and other spirits. Returning later to Paris, he was, of the National Guard during the seige, and, like many others he sought to supply the insufficient nourishment, by the abuse of alcohol. The siege ended, he kept these habits, and it was at this time that the dipsomania truly began.

During a period of two or three weeks, he kept drinking; he came home at evening in a state of extreme excitement and tried to beat his wife; very happily the physical strength was lacking, he did, nevertheless, once try to strike her with a knife, the excitement calmed, he went to bed without eating, the appetite being completely gone.

In the closing days of a period of alcoholic excitement, he trembled continually and ended by not being able to work or even to go out. Obliged to remain at home, deprived of alcoholic drinks, he remained in bed for four or five days and ended by becoming calm. Then it was that he would make ample provision of good resolutions. During a period of two or three weeks he remains absolutely

During a period of two or three weeks he remains absolutely sober, he purges himself with a strong infusion of bitter quassia and drinks not a drop of wine, nor liquor; but very soon a feeling of feebleness comes over him, to show that he can, he takes a little glass. From this moment he is completely lost. He falls again into excess and runs through all the phases of a first attack.

These attacks of dipsomania have sometimes been separated by longer intervals. Toward the end of his stay in England, he was

admitted into a temperance society, and for three months he was absolutely sober; but later the attacks were nearer together, and for nine months he has remained almost constantly in a state of intoxication.

For a few months only has he lost sleep; he moves constantly in bed, talks aloud and appears to experience hallucinations of sight. He sees the Greek sages and the great men or Roman antiquity filing past him.

He has almost never seen animals; sometimes his hallucinations are terrifying, he struggles violently with the phantoms which sur-

round him.

Aside from these attacks, he is a gentle and intelligent man, during these attacks, on the contrary, he becomes very formidable. He is quarrelsome, ugly, he disputes with every one, he often tries to do violence to his wife and to strike her. Finally, he experiences vague impulses to suicide, but up to the present time all his ardor has evaporated in words. It is by his own request that he is confined at 8t. Anne; he is perfectly conscious of his condition, and really wishes to be cured.

This man presents a finished type of the second variety of dipsomania; it is not hereditary, but is acquired by excesses. This is not here a question of the tyranny of habit so frequent with professed drunkards; we have before us a subject who has intermittent attacks separated by intervals of sobriety. He is not a drunkard I repeat, he is a dipsomaniac, at least in the English sense. If the neurosis by which he is attacked, is the result of his habits, it is none the less a neurosis; but let us not anticipate the discussion which we propose to reach further on.

It may seem strange to you, at the first glance that an affection so marked, has for so long a time escaped the attention of observers; but alcoholism itself has only been studied for twenty years.

Up to the time when Magnus Huss invented this exact expression, accepted by all pathologists, there existed numerous works on the details of the question, but none on the question as a whole. It is not then astonishing that delirium tremens have been known since the beginning of this century; but the history of dipsomania is sufficiently interesting to arrest our attention here.*

It was in 1817 that Salvatori, an Italian physician, established at

^{*}We borrow these interesting details from the interesting work of M. Foville.— Archives Generales de Medicine, October, 1867.

Moscow, communicated to the Medical Society of that city, a memoir in Latin in which he described quite exactly the symptoms and the progress of dipsomania. To this interesting and agreeable work he superadded some regrettable errors. Two years later in 1819 another member of the Medical Society of Moscow, Bruhl-Cramer, published at Berlin in the German language, an excellent work on this subject, in which he did not once mention the work of Salvatori. Now it is absolutely impossible to admit that a German author, and a member of the Medical Society of Moscow did not know of the work of his predecessor, and there are found in his work the intrinsic proofs which allow us to affirm, without the least hesitation, that he knew it perfectly.

It is then evident that he sought to attribute to himself the merit of a discovery which did not belong to him; but if we blame energetically this bad act, we should do justice to the real qualities of the observer, who has worked out the subject much more profoundly than his predecessor and who knew how to protect himself against the errors committed by him.

The work of Bruhl-Cramer was justly renowned in Germany; but though Stoeber published, in 1824, a memoir on this question, in which he describes this affection under the name *aenomania*. It is only since the work of Esquirol, published in 1838, that dipsomania has been known in France.

Marc, in 1840, published an excellent medico-legal study on the question. In England dipsomania attracted the attention of a great number of observers, among whom we cite first, Hutchinson, Carpenter, Anstie, Forbes-Winslow, Christiansen, Bucknill and Tuke.

Finally the works of Morel, de Marcé, de Trélat and M. Foville have finished the illumination of the question, and we may, to-day, consider dipsomania as one of the best known points in mental pathology.

I fear that I have wearied your attention by these historic details; but it is not without interest to see how a disease, which has existed from ancient times, has remained latent during long ages and only comes to light in our days, these later works which have fixed its outlines, are truly recent.

We come now to the clinic and practice of this question.

(To be continued.)

AN ESSAY ON CONSTITUTIONAL SYPHILIS.

Presented to the Medical Society of North Carolina, at their 20th annual meeting in Tarborough, N. C., May 15th to 17th, 1883.

By Paul B. Barringer, M.D.

[Concluded.]

Gent'emen of the Medical Society of North Carolina:

Having completed the history of the primary lesion and its ordinary concomitants I will proceed to take up the study of the constitutional manifestations. Before doing so, however, I will say that exercise what care you may, there will be many cases in which it is absolutely impossible to make a diagnosis, that you would like to risk your reputation on, or the peace of mind of your patient. Under these circumstances it is best to tell your patient plainly the circumstances and difficulties of the ease and wait for confirmatory symptoms. If he is too restless, begin some harmless medication to ease his mind while you wait. Give society the benefit of the doubt until you are sure your patient is not infected. The time then, Gentlemen, required, after a suspicious sore, before you can say with absolute certainty that your patient is safe, is the next point. The time recorded by reliable observers varies. Three months is by nearly all regarded as a limit, and we may say that Ricord's law of six months is beyond a possibility of doubt. This is true, however, only of those cases in which no anti-syphilitic treatment (mercurial) is used. It is right here gentlemen that I believe the most general fault in the management of syphilitic cases is found.

The general practitioner in the hurry and rush of a laborious professional life is too apt, when he meets a case that is doubtful and requires a most studious attention, to put the patient upon antisyphilitic treatment, "to be on the safe side," after, perhaps, "burning" the ulcer. Those of you who have seen the certain and complete benefit of a well selected course of mercurials, in banishing the outbreaks of early syphilis, need not to be told, that the same remedies may restrain and hold in check, for periods most indefinite, these

threatened outbreaks. But some are not content with this, after a few weeks or most a few months of their "safe side" treatment he sees his patient's chancre gone and his hair still on his head and he tells his rejoicing patient he is now safe. Stop treatment and go. To the credit of the patient, be it said, this doctor don't often see him again, but some other one does, for he goes from his first love preaching a dire homily upon absolute incapacity and unparalleled deceit of not only him, but the medical world in general.

It is to ward us against such events, for the uncertainty of patients is well known, that I would reiterate my belief that except in the

It is to ward us against such events, for the uncertainty of patients is well known, that I would reiterate my belief that except in the most clearly marked cases it is better to wait for confirmatory symptoms than to give too premature an opinion. On the other hand, should you start your patient on a mercurial course, in many instances this will allow the development of the symptoms in so light a form, that he will quit his medicine too soon or begin even to doubt that he was ever diseased. As dissimilar as is the severity of a light and a severe chance, the severity of the secondary symptoms vary still more. While in some cases a patient may be prostrated under it in a few short weeks, in others the disease appears to have stopped with the healing of the chance. While I am not prepared to go so far as those who state that 10 per cent. of all syphilities, never know they have it, still I believe that there are some of this class.

Against it we have but negative proof, which is as good as none. All of you have seen eases of secondary syphilis in which the symptoms were so slight, that had the patient not been prepared for them by you during the primary stage they would very readily have escaped attention. Again which of you has not seen a patient come to you covered with an eruption who remembered nothing of his chanere beyond a "little torn place that healed up all right," can you not imagine these two extremes united? Accident has led me to see a few of these cases and they have much impressed me. Patients sometimes come to you who with the best intentions are unable to give you any rational history about a late syphilitic lesion that stares you in the face. And this is not unreasonable! The evolution of this disease is so slow, its symptoms so diverse and often so slight, its period of latency so long and outbreaks consequently so far apart, that the average non-medical mind cannot connect them. It is for this reason then, mainly, that in the secondary stage that the

physical diagnosis is so important. In proceeding to the stage of general eruption and lesions it is impossible in a paper like this to give any description of them, so I will but refer in a general way to them. Moreover, their diagnosis can never be learned from print or plates, but solely by a close clinical study. In the physical diagnosis of secondary syphilis then, Gentlemen, we must, in all ordinary cases strip our patient entire. The lack of inflammatory character and sensibility in the ordinary syphilitic eruption is one of its most distinctive traits and isolated patches of the more superficial forms of eruption are frequently found entirely unknown to the patient. Especially is this true of the regions lying over the spine of the scapula, the clavicles and the large superficial articulations. While the eruptions are naturally the things that will first call for your attention, their place in the pathological scale, is by no means first. The glandular enlargements form the symptoms of most real importance. In passing the hand along the outer border of the "ligamantum neche" from below upwards we will find in the ordinary acute syphilitic several hard and slightly enlarged glands varying in size from a pea to an almond. These are usually found on either side. The glands, however, that are of any great diagnostic value all lie above the level of the back hair, usually too, just at the insertion of the nucha. If you will take the trouble to examine you will find one or more of the lower cervical, and even the post aural glands, enlarged in at least 10 per cent. of all non-syphilitic adolescents, so that these while often confirmatory are not of much importance. The next, and by some of our German friends the first, in importance lie upon either side of the elbow-joint. The most important (by some pathognomonic) lie "between the biceps and triceps muscles just above the internal condyle of the humerus." The outer and usually the smaller (and I believe the most constant when there is no eruption on the forearm) may often he found an inch or even more above the joint. If the chancre be extra-genital the inguinal glands are nearly always complicate lin the secondary enlargements.

Passing from the flexures with their engorged glands we next take up a train of symptoms dependent upon a specific affection of the periosteal coverings of the superficial bones. The sternum and the tibiæ bones are the ones most affected, with the bone of the forearm and the clavicle making a second form. Pressure upon

these bones, during the acute stage of syphilis, will almost certainly cause the patient to flinch. The upper and lower portion of the sternum and the upper part of the tibiæ, appear to be the especial points of tenderness. These bone symptoms, however, are at best rare and uncertain in their appearance, when well marked only are they conclusive. If we would continue our search we should pass our finger through the patient's hair and we will no doubt find it with a rough, crisp, feel and an unusual quantity will come out in our fingers. This will be the more marked low down on the temples, a place moreover where we rarely see the seasonal changes or senile alopeeia, amount to much. By drawing out hair over the head it is not unusual to find scabs sticking to the hair roots. Acne capilitis is one of the commonest of symptoms at this stage and we need no better proof of it than this. The dandruff in the head during early syphilis is frequently enormous and it is common to find the scalp of the specific "coppery" tint under the removed scurf. The mouth, the anus and the preputial cul-de-sac all in turn require our inspection. In the mouth we will see upon a close inspection, no doubt, many morbid changes. The tongue is coated and oftentimes very foul. The mucous membrane is glazed and shining. The part of the mucous tract, that usually calls our attention first in the throat proper. We will nearly always find the uvula of a dark inflamed red and this hyperæmia often extends to both pillows of the fauces. This is the simplest sore throat of syphilis. Quite as commonly do we see the whole faucial orifice festooned around its edges with the specific mucous papule or commonly "mucous patch." In well marked cases their number is quite large, covering all the buccal and faucial surfaces exposed to view. They are commonly found in every stage, from the pale bluish white elevation, to the already denuded surface of a raw coppery red, still more rarely do we find these croded surfaces ulcerating. This erythema as well as the better developed "mucous tubercle," may cover the whole mucous membrane, soft palate, tonsils, tongue, lips, &c., &c. All may be affected, and all at the same time. When the large patches coalesce they are covered with fissures and seams. Especially is this true in the corners of the mouth.

Upon examining the scrotum of an early male syphilitic we will sometimes find a hard lump the size of a chesnut, capping the upper end of the testicle, this tumor is painless upon pressure but sometimes darting pains occur in it spontaneously. It is put down as very rare, but I think it often overlooked still it is not common.

I will now return to the subject of syphilitic eruptions. There are certain syphilitic eruptions which without the grossest ignorance cannot be mistaken for anything else and again there are many in-distinguishable from the non-specific eruption of the same type. The later secondary lesions are in themselves the most typical, though by reason of the presence of concomitant symptoms the roseola and papular, eruption of early syphilis, are of most practical importance. in a diagnosis. The especial features of importance in syphilitic eruptions are their color, their symmetry, their polymorphism, and we might say, their points of selection. The so-called "coppery" color of fully developed syphilitic eruptions is one of their most striking features, and with the other specific elements present, is conclusive. It is absent, however, to a great extent in blondes and may be found on certain non-specific eruptions of the lower extremities. The symmetry of these eruptions is very striking. Where they are found on one side of the body, you will almost invariably find them on the corresponding side to a greater or less degree. This is often important. In those cases where you find a symmetrical form in what are usually local affections, you must inquire more fully into the history, viz.: herpes zoster, onychia, &c. The polymorphism of syphilis consists in the various elementary forms found in a given eruption. We rarely see a roseola that is not intermixed with a greater or less number of papules or even of vesicles and tubercles. The points of selection of syphilis is one of its most striking features. The "corona veneris" is striking enough, but we have others of far more diagnostic value. A palmer psoriasis (and planter) especially if symmetrical, is always syphilitic, an erythema of the scalp is even more so, an acne of the lower extremities is suspicious, &c., &c.

I have before alluded to the subjective symptoms, but they are so diverse that we can give nothing more than an outline of the more common symptoms. In the acute secondary stages a man may or may not be run down in general health. The amount of the eruption bears no relation to the amount of constitutional derangement. The type does.

Rarely, if ever, is there any subjective symptom connected with the eruption itself, no pain and no itching. During this stage the marked anemia may give rise to numerous neuralgias and rhenmatoid pains. These are not to be mistaken for the periosteal pains which occur often at the same time. The latter affecting by preferment the more superficial bones of the skull, tibia, forearm, sternum, fingers, &c., is mainly nocturnal. The headache it occasions is the most common symptom and is often severe. The headache of this kind yields with such certainty to a pushed mercurial (calomel gr. 1-40th every hour) that we may use this to diagnosticate it. Sometimes with the outbreak of the eruption or before, we have a noticeable rise in temperature which is called "syphilitic fever." I can hardly believe it is as common as is often stated, certainly in this State it is very rare.

I believe I have now touched upon all the *practical* features of the acute secondary period. But even at this stage the variety of manifestation are so numerous that a work of many times this size could not even enumerate them.

Beyond the acute secondary stages, we come to a period in which it require skill, acumen and much clinical experience, to diagnose a case that has gone this far undetected. The difficulties are often almost insuparable and this is more to be regretted from the fact, that any manifestations at all in the later stages are ominus. The late secondary, the so-called intermediate and the tertiary, are alike in a diagnostic point of view. While they may be, of decidedly marked specific origin, they may give rise to trouble, functional or otherwise, that have nothing characteristic about them. The physical diagnosis at this time may reveal the eruptions peculiar to this period, in which case they are usually isolated, but are to the experienced eye or much, if not more, characteristic than the earlier. The late eruptions present the segmented form often alluded to much more than the others, and present, as a rule, the thick, greenish, concentric scabs which are almost pathognomonic.* It is in the cases where all objective symptoms have ceased, and when the patient if he ever knew it, has long forgotten the existence of his old foe, that we have the real difficulties arise. Cachexia, perverted functions, vague neuroses and paralyses, take the place of the outward manifestations and unmolested undermine the vital functions.

^{*}The subjective symptoms of this stage are essentially the same as in the later secondary stages, viz.: pain in the head often severe and localized, pains in the long bones and articulations. At this stage the pains are *invariably* worse at night.

I must here state that as sad as it may appear there is one symptom which runs through the whole evolution of the disease. symptom is *lying*. Without regard to his social, moral, or any other surrounding, the patient usually presents this feature as a symptom at some time. It may be a matter of life or death with him and he knows it, but no matter, he will stick it out and die true to the code of syphilities. In these cases it is, that the physical diagnosis is of most use. There are some cases unmarked but many are, and to their dying day will show the marks of these old outbreaks. suspected cases examine for indurated glands, perforated palate, nodes and exostoses. Look carefully at all old scars, anal cicatrices, &c. If possible send him to an ophthalmic expert for an examination for evidences of old retinal changes, adherent iris, &c., &c. fact, I know of no case where a man's "detective" qualities may be exercised to better advantage than in these cases of suspected syphilis. The sears of syphilis are usually characteristic not only in their appearance but in their location. The cicatrix is "rounded depressed, thin, non-adherent, smooth," and is often stained by the remaining pigmentary deposit. This pigmentation remains a long time, on the longest, and when it clears it clears from the centre outwards. Often the sears are white with a ring of pigment around them. Look in the hair for bald spots and scars. Having seen one ease in which it was very successful, I would also advise you to get up the old bottles from the medicine chest and look up the prescription. In the case to which I allude, the patient became suddenly insane, a raving maniae, having epileptiform convulsions. This circumstance was suspicious, but being a married man, with an apparently healthy family, and man of high moral and social standing it did not look reasonable. The physician in attendance wisely said nothing but managed to procure some of the old bottles. By reference to them he found nothing, but one was from a druggist in a distant city and the mail brought back the solutions. Under judicious treatment the gentleman recovered almost entirely, and to this day neither he nor his family know the cause of his trouble. He never connects his trouble ten years before, with the present. cite this instance of what may be done and to warn you against an error into which we are likely to fall. Do not take any serious present walk and conversation, as a standard by which to judge his younger days. Nor should we forget, that while often used to

shield the offender, "mediate contagion" does sometimes bring this disease into the "high places" and leaves no man above suspicion. In these cases, for the sake of all parties, it is better to say nothing, but apply the touchstone of anti-syphilitic treatment. And now, Gentlemen, in conclusion, you can find no class of medical work that will bring you as little pecuniary reward as this, and you all well know the ingratitude of the average syphilitic. Still, in spite of this and the loathsome associations of the disease there is no disease which, in my humble opinion, affords as much satisfaction in its study. The pleasure derived in guiding its tortuous and treacherous course is great to any man who takes a joy in watching the result of his work, and with so ample an armamentarium of therapeutical ordinance at our command, we have only to get the range, "Be sure you are right and then go ahead."

CASES OF SPONGE GRAFTING.

By F. D. Kendall, M.D., City Hospital, Charleston, S. C.

CASE NO. I.

Martin T. Hart, age 56, white, 'admitted into hospital July 6th with his right leg in a very unhealthy condition. There were three large ulcers, one just over the middle of the tibia, and one on either side of the leg (inner and outer) but considerably lower than the other, when admitted. The ulcers were in a very unhealthy and sloughy condition, with very large varicose veins over his whole body. I first poulticed the leg to clean off the sloughs, &c., and then tried the ordinary means to heal the ulcers, but only succeeded in the one over the tibia. So, on the 19th, I determined to try the sponge grafting. The two ulcers, one on either side of the leg looked red and healthy, and were quite deep, measuring—the one on outer side of leg 1+1 inches by \(\frac{3}{4} \) inches deep, very nearly round, about four inches above the maleolus. The one on the inner side. $1\frac{1}{2}+2$ inches, but not quite so deep-3½ inches from the maleolus. I cut my sponge to fit the ulcers exactly, and put them on, covering with oil silk and over that a pad of cotton, bandaging the whole firmly with the roller

from the foot to knee. Saturday, July 21st, forty-eight hours aftergrafting I removed the dressings washed off the leg thoroughly with a 1 to 40 solution of earbolized water, and applied same kind of dressings. There was a good deal of discharge and a very foul odor. Continued this treatment daily. The discharge decreasing and granulations pushing the sponge above the surface. On the 26th I trimmed the sponge down level with the surface. Ulcer on the outer side looking very much better than the lower one, and bleeding freely when the sponge was pared away, thus showing that the granulations had grown up through the meshes of the sponge. Kept up same dressings and on August 2d pared the sponge in both ulcers, both bleeding freely, and were now half their former size. On August 7th pared sponge in both ulcers and on the 11th pared it again. The ulcers were now about the size of an ordinary grain of corn, and the skin began shooting across over the sponge that was left, and on Aug. 15th patient was discharged thoroughly recovered.

CASE NO. II.

John Newcomme, white, age 63, came into hospital, on July 1st with an ulcer on the lower third of tibia of left leg, about 2×3 inches, the right leg having been amputated above the knee, and patient using a wooden leg. The ulcer was of the chronic variety, with very hard, white elevated margins and deep centre, and patient has been suffering with it for six months before coming into hospital. I determined to try the sponge graft on it as soon as I could get it looking a little more healthy. I used poultice, chlorate zinc ointment, tr. iodine, vaseline, &c., and on the 19th I concluded to graft. The ulcer remained the same size as on the first, but somewhat healthier. I first washed the leg off with an alkaline solution creasote, and then with a sharp pointed bistory I scarified the whole surface including the edges when it bled quite profusely. As soon as the bleeding ceased I again washed the surface thoroughly with the solution, and then fitted my sponge accurately to the ulcer and after washing it in the solution of creasote, applied it, filling up the whole of the ulcer. I then applied a piece of oiled paper a trifle larger than the ulcer, and over that a piece of surgeon's lint, folded three thick, and used the roller bandage from the foot to the knee, quite tightly. Kept patient in bed until Saturday, the 21st, and then

removed dressings. Washed ulcer with carbolized water, very little discharge, no odor. I reapplied the dressings and continued changing every morning. On the 26th I trimmed the sponge down which had been pushed up above the level of the ulcer, it did not bleed, but I could distinctly see the granulations coming up through the sponge. I continued same dressings until August 2d, when I pared the sponge again. The granulations were up level with the surface and bled freely, the ulcer was beginning to contract, and was about a third smaller, looking quite healthy now. I trimmed the sponge again August 8th, and did not use the oil paper in the dressing, but used boracic acid ointment applied on a piece of lint cut the size of the ulcer, still using the roller as before. The ulcer now looking very nicely and gradually growing smaller, I did not pare the sponge, but kept up the boracic acid ointment dressing, the sponge that was left becoming organized. The granulations are level with the surface, and the ulcer getting smaller and smaller, very little discharge and no odor at any time. Patient discharged on the 30th, well.

CASE NO. III.

Miss C. O., age —, has been suffering with eczema of the extremities, and has been treated by myself for same in hospital. She recovered with a small ulcer on the left inner maleolus, which I have been trying to heal some time, but unsuccessfully. I grafted sponge in it on August 1st, and changed the dressing on the 3d—forty-eight hours after—when there was not one particle of discharge. I kept up my treatment until the 8th when the ulcer instead of getting smaller, grew larger and looked dark around the edges. I took hold of the sponge and found it loose, so removed it, and found the whole surface looking black and sloughy. I poulticed and soon got it looking tolerably healthy. Patient is still in hospital, and I am using boracic acid ointment dressings to the ulcer, but making very slow, if any progress to recovery. I will try the sponge in it again.

Powdered ergot, deprived of its oil, is almost unalterable, according to Perret.

EDITORIAL.

THE NORTH CAROLINA MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY, PUBLISHED IN WILMINGTON, N. C.

THOMAS F. WOOD, M. D., Wilmington, N. C., Editor.

Original communications are solicited from all parts of the country, and especially from the medical profession of The Carolinas. Articles requiring illustrations can be promptly supplied by previous arrangement with the Editor. Any subscriber can have a specimen number sent free of cost to a friend whose attention he desires to call to the Journal, by sending the address to this office. Prompt remittances from subscribers are absolutely necessary to enable us to maintain our work with vigor and acceptability. All remittances must be made payable to Thomas F. Wood, M. D., P. O. Drawer 791, Wilmington, N. C.

SKILLED NURSES IN THE SOUTH.

There is a great scarcity of skilled nurses in the South. The lack of them is felt yearly more and more by physicians. In the lying-in chamber, in the management of after-treatment in surgery, in the care of cases of continued fever, the demand for the services of educated nurses is great, and the compensation of skilled nurses, up to a certain limit, would far exceed the income of the average physician of five year's practice.

Why so few young ladies from the educated classes, who are seeking employment as sales-women, teachers, and copyists, and other employment, have not turned their attention to the study of nursing, we can account for only on the ground that opportunity has not been afforded them, and that the matter has not been properly placed before them. It is surely an occupation of the highest usefulness and respectability, and one which commands good pay, of course only in proportion to the skill and fidelity of the nurse.

As we look at it, a nurse should have certain qualifications. She should be a gentlewoman, not given to loquacity, with strong

convictions of duty. She should be well educated, and refined in her deportment. She should know how to obey those set in anthority over her, and ready to learn everything appertaining to her calling. She should be possessed of good physical powers, capable of endurance, and patient. She will succeed best if she has passed the bloom of early womanhood, and is willing to abandon the intention of marriage. To succeed she must have in view—to excel in skill, in gentleness, in refinement of touch, in thorough attention to cleanliness after the severest pattern of the best housekeeper, in subordination to the physician set over her, and to the officers of the hospital when on public duty. These qualifications should not be so rare, as that we may not look for a successive supply of well-trained nurses.

In Washington city a training school for nurses has been established, and more recently one in Charleston. This is but the beginning of a good work which must ere long extend all over the country.

If our patients would only realize that the visit of the physician, and his well adapted prescriptions alone are not capable of curing the sick one without the care and skill of a nurse, and that many times nursing is of far more importance than prescribing, they would more cheerfully see that only competent nurses are employed.

How often do we see the mother wearied with long nursing, until loss of sleep and anxiety unfit her for the task of nursing, emerging from the sick room with a shattered constitution, while the service actually rendered could have been better performed by a hired nurse.

But what we desired more particularly to say, is that we second most heartily the movement made at the last meeting of the American Medical Association, looking to a general effort in the training of nurses. A largely increased number of educated nurses can be had if physicians will personally make the effort to interest their patrons in the cause.

THE PORTABLE ELECTRIC LIGHT HUMBUG.—We were warned in time about this concern, and they are welcome to all they got. We don't ask to be preferred creditors.

RHAMNUS PURSHIANA AS A PURGATIVE.

We believe this remedy to be the most valuable that has been added to our list of purgatives. As well as we remember it was introduced by Dr. Bundy, an eelectic physician, under the name of *Cascara Sagrada*, and by the enterprising firm of Mess. Parke, Davis & Co., it was brought to the attention of the general profession.

It was not well enough known by the profession in 1880 to find its way into the Pharmacopæia, and this is unaccountable, for the firm that introduced it were unsparing in the distribution of specimens of the fluid extract of the drug, all over the country.

It is no new information that the buckthorn's (*Rhamus frangula* and *R. Catharticus*) are purgatives neither because popular on account of their griping effects.

Rhamus Purshiana deserves to be better known, and nothing but ignorance or prejudice will exclude it hereafter from the standard drugs of the Pharmacopæia.

Its qualities as a purgative are peculiar. Unlike any other, except such as are combined with nux vomica, its purgative action is cumulative. The patient who commences with a teaspoonful dose of the fluid extract will find that he must diminish it daily to avoid hypercatharsis. A dose of sixty minims may be reduced daily until the minimum of from eight to four is reached, and after discontinuing the remedy for several days, the bowels remain still stimulated to action.

R. Purshiana causes semi-solid stools, with little flatulence, and succeeds admirably with persons subject to hemorrhoids. It excites increased flow of bile, and relieves engorgement of the liver.

The mistake usually made in administering this drug is in giving it in too large doses. Its action is generally accomplished in doses of half teaspoonful of the fluid extract, in about four hours. Larger doses, except in persons difficult to purge, are to be avoided. It is more convenient, in eases of habitual constipation to give it before breakfast, rather than at bed time; or it may be given in ten or fifteen drop doses with each meal for the first day or two. It differs from most mild catharties in one very important respect, that a deferred inclination to stool, does not overcome the desire, although the delay should be for a few hours. For this reason it is especially valuable for travellers on railroads.

There are cases of acid dyspepsia, with constipation, in which it can be profitably given in combination with a solution of bicarbonate of soda in mint water, or what is better still the solution of aloes and soda. (known as Mettauer's Aperient).

The bitter taste of fluid extract of R. purshiana is its most objectionable feature. The best form of administration is the undiluted extract, although some elixirs have been devised which have become quite popular. These latter preparations are naturally enough supplanting the traditional nauseous dose of castor oil for lying-in women.

IT IS NOT MORE GREEK BUT MORE WRITING-MASTERS THAT WE NEED.

While Mr. Charles Francis Adams is discussing the utility of a Greek course in college, it is an opportune time to direct the attention of teachers to a course which may enable editors and proof readers of medical journals to decipher copy sent for publication. If those teachers who have the training of the young men who are to become contributors to medical journals, could witness the puzzling MS. frequently presented by men reputed to be educated, they might have some pity on us. It does not seem to be more or less Greek that our doctors need, but more writing master, more rapping over the knuckles, more knowledge of spelling.

Now and then we can charge our printers with the slips, but they frequently make better English than the original. A case in point: One of our esteemed friends sent us an account of a nice piece of surgery he had done. One sentence in the original named the five or six friends who were assisting, and in this connection the horrid printer was cruel enough to say "One was helping the other", when he should have said "—— was giving the ether."

We make this mild complaint for the benefit of our friends who are helping us by their contributions; and while we are on this subject we must say once and for all, that we have no patent processes for working out grammatical errors and bad spelling from copy and we must ask our contributors to perform this elementary part of the task for us.

REVIEWS AND BOOK NOTICES.

REPORT OF THE BOARD OF HEALTH TO THE STATE OF LOUISIANA TO THE GENERAL ASSEMBLY, for the year 1882 and the first six months of 1883, Embracing the Quarantine and Sanitary Operations of the Board of Health, during a Period of Eighteen Months, January 1st, 1882, July 1st, 1883, Baton Rouge: Printed by Loen Jartrémski, State Printer. 1883. Pp. lxiii—637.

It is not an easy matter to give our readers a correct idea of such a huge volume in a few pages. The Louisiana Board of Health, under the guidance of the President, Dr. Joseph Jones, so well-known as a physiologist and author in several departments of medicine, accomplishes an immense amount of good work. We hardly know which to admire most, the indefatigable energy in research shown by this Board, or the tenacity with which they have maintained their autonomy against resolute opponents. We are sure of one thing that whether or not the Louisiana Board have succeeded in demonstrating their theories of quarantine and public sanitation, the outcome of their efforts has been to secure a better system for the protection of the people.

The Introduction by Dr. Jones, gives an outline of Quarantine and Sanitary Operations during 1882; house to house inspection and number of nuisances abated; the death rate by districts; the mortality of New Orleans during 1882, compared with thirty-one preceding years; quarantine regulations; etc.; etc. Included in this report are too very large folded tables giving "Commercial Statistics of New Orleans, from the Cession of the Territory of Orleans to the United States, 1803 to 1882, Inclusive, Collected, Classified and Consolidated, from Original Sources by Joseph Jones, M.D."

Dr. Jones' views about the efficacy of quarantine may be best understood by the following questions from his "Introduction."

"The preservation of this internal interstate trade depends absolutely upon an efficient quarantine guarding the approaches of the Mississippi Valley from the Gulf of Mexico.

"New Orleans will become a great manfacturing centre for cotton, tobacco, jute and sugar, provided that *pestilence* is kept away by a rigid system of quarantine, combined with an equally rigid system of domestic sanitation."

He further italicises the assertion, that the State of Louisiana has

a right to demand that commerce, which benefits the entire valley, and derives its richest rewards from cotton, sugar and grain of these great Southern and Western States, shall pay a sufficient amount for such a system of inspection, disinfection, quarantine, and medical care of sick seamen and passengers, as will prevent the introduction of foreign pestilence.

The first section of Dr. Jones' Report proper, relates to the management of the quarantine, and the discussion of quarantine laws. The second section is of more interest to medical men, and comprises many valuable contributions, such as an "Outline of the Medical History, and of Legislation in Louisiana Relative to the Practice of Medicine and Surgery, and to the Organization of Medical Societies and Medical Colleges, and Local Boards of Health"; "Marked Peculiarities in the Political and Medical History of Louisiana"; "Doctors and Surgeons in New Orleans in 1808;" "Disastrous overflows of the Mississippi;" "Medical Examining Board in 1816–17;" and numerous other topics we have not quoted.

The third section treats of the mortality and sickness statistics of New Orleans for 1882, and Inspection Reports for the same year.

Sections 4 and 5 continues the quarantine and sanitary reports, and the reports of the financial officers of the Board of Health, and a "Chemical Examination of the Waters of the Mississippi River by the President."

The whole volume concludes with a "Circular" "On the Prevention and Arrest of Contagious and Infectious Diseases, by Joseph Jones, M.D." This circular occupies nearly a hundred pages, and is profusely illustrated with lithographic plates. A consideration of this part of the volume ought to be reserved for a future number, but we cannot refrain from some remarks in this place.

A predominant place is given to the parallel between yellow and malarial fevers, topics upon which Dr. Jones has bestowed a great deal of study. He has conveniently placed this parallel in double columns, that one may see at a glance the comparison between the symptoms and pathology of the two diseases.

Colored lithographs are intercalated in the text, with a peculiar pictorial effect. We can easily appreciate the position of an author as to the execution of illustrations by the artist, knowing how seldom an artist can be found with the necessary gifts to delineate disease conditions. But two of the plates—five and six—might well have been left out, without marring in the least, the lucidity of the text-

Leaving out of consideration the controversial part of this volume, it excites our admiration for the zeal, energy, and varied scientific and literary acquirements necessary to its production.

We assure our readers that this work is not one of those in which high-science and red-tape have been expended in making a bulky volume, to the exclusion of practical matters; for judging by the fruit, we regard with admiration the excellent visible results which have accrued to the great metropolis of the South, by the unfaltering energy of her sanitarians; and whether this volume be regarded as a fair exponent of their work or not, the whole country owes them a debt of gratitude.

The Topographical Relations of the Female Pelvic Organs. By Ambrose L. Ranney, A.M., M.D. With 22 Woodcuts. Wm. Wood & Co. New York. 1883. Pp. 120.

Dr. Ranney has performed a very much needed task, in endeavoring to set forth more accurately the relation of the female pelvic organs. It is almost incredible, but he brings to our mind again yery forcibly, how authors on the anatomy of these organs have repeated the same error generation after generation, and have sterotyped cuts showing what we now know to be anatomical possibilities.

Dr. Ranney points out the difficulties of learning by the cadaver, the exact relations of the female anatomy in the living subject. Numerous ingenious methods have been adopted, but the author seems to give his assent to the frozen-section method, as giving good, but not absolutely correct, idea of the topograpical relations.

We quote some points of special interest pertaining to the vagina. "Both the anterior and posterior walls of the vagina are triangular in shape, the base of the triangle being above. They are united at their sides." * * * " Most of the cuts in anatomical and gynecological works represent the vagina as an open tube—a gross error which is now universally acknowledged, but which is repeated, in order, as it were, to let the student see the vagina. Hart humorously remarked, in discussing this point, "It is no more necessary to figure the vaginal walls always apart, than it would be to always sketch a man with his mouth open in order to render it visible."

Anatomy, of all the branches of medicine was thought to be reduced to an almost exact science. Students coming up for examination have felt safe in anatomy and surgical anatomy if they

could only photograph Gray's cuts on their brain, and read them off names and all. But if all this beautiful drawing is proven to be merely schematic aids, intended merely to stimulate the imagination of the adolescent doctor, then we must seek to revise old descriptions.

Dr. Ranney has succeeded in giving us some lessons in regional anatomy that will excite investigation in this direction, and it will no doubt do good. We are under obligations to him, for the important items we have derived from a first perusal of this brochure.

Report on Orstetrics and Gynecology. By William T. Howard, M.D.

The title of this reprint of 39 pages from the Transactions of the Medical and Chirurgical Faculty of Maryland (1883) would never give the reader an idea of the nature of the critical analysis of the progress of gynecology and obstetries.

It is really a masterly arraignment especially of Edward John Tilt, M.D., for his wholesale and unreasonable, and in fact, untruthful denunciation of American uterine surgery. Dr. Tilt has gone greatly out of his way to slur American practice, particularly, not satisfied with his leadership of the opposition to uterine surgery in general. Professor Howard's analyses of his opposition especially to Emmett's operation of trachelorraphy, is well argued, and will interest those who are at all jealous of the standing of American gynecologists.

This excellent report concludes with a discussion of "Axio-Traction Forceps," which is illustrated with several wood-cuts. Tarnier's forceps are especially considered, and are figured separately, and as applied to the fœtal head.

Although published as the report of the "Section of Obstetrics and Gynecology," no one will fail to recognize the masterly hand of the individual reporter in this handsome pamphlet.

NORTH CAROLINA IN THE WAR BETWEEN THE STATES. By John A. Sloan. Rufus H. Darby, Publisher, Washington, D.C. Price 50 cents a number.

This is a serial publication of a historical narrative of the part North Carolina took in the late war. The first number gives an introductory chapter discussing the causes which led to secession. The narrative proper begins with two preliminary chapters, recounting the action taken by State authorities after the election of Mr. Lincoln.

Col. Sloan, the author, was a Captain of Company B, 27th North Carolina Regiment, and has entered upon his work with enthusiasm; and not only with enthusiasm, but with critical discrimination. He has been diligently studying the records ever since the war, and will bring to light very much material not hitherto published. We bespeak the support of every North Carolinian.

REMINISCENCES AND MEMOIRS OF NORTH CAROLINA, AND EMINENT NORTH CAROLINIANS. By John H. Wheeler. Washington. 1883. [July and August. Price \$1.00].

We have noticed this handsome quarto before, and would not mention it again, but for the fact that we desire to see it have a large circulation among North Carolinians. It is the posthumous work of the author of Wheeler's History of North Carolina, and therefore deserves to be read. It should not only be read, but judiciously criticised by our writers who have the historical knowledge. A medical journal is no place to comment upon the value of a historical work, but we would suggest skilled proof-reading for future numbers, as this double number abounds in inexcusable typographical errors.

SANITARY AND STATISTICAL REPORT OF THE SURGEON-GENERAL OF THE NAVY, FOR THE YEAR 1881.

This is a portly volume of 684 pages and will interest the hygienist particularly, as a considerable part is devoted to the study of organisms of the air, illustrated with heliotypes of microphotographs of various species of bacilli.

A Report on the Pharmacopæias of All Nations, makes an interesting conclusion of the volume. We have here a description of the nineteen pharmacopæias collected "for the National Museum" "to illustrate that section of anthropological study which relates to the medicines used by man."

Lamon juice will quickly remove stains of permanganate of potash from the hands. Other dilute acids will do the same.

CURRENT LITERATURE.

SOME REMARKS UPON THE DIAGNOSIS AND TREAT-MENT OF FRACTURE OF THE NECK OF THE FEMUR IN ELDERLY SUBJECTS.

Read before Philadelphia County Medical Society, June 20th, 1883.

By Oscar H. Allis, M.D.

My subject would be robbed of much of its interest and real value were the two closing words omitted, and therefore, to render myself intelligible, I must define what I mean by relderly subjects." It is obviously impossible from a practical standpoint to assign to age an arbitrary period, since some persons are more feeble and decrepit at fifty than others are at seventy. My definition may work itself out as I advance, and, merely to set the matter at rest for the moment, I will decide that all persons at the age of seventy may be fairly styled elderly.

Let us, then, examine the points of diagnosis in this particular injury; and first let me say that we are to bear in mind that we are called to treat a person in advanced life. There has been an injury which has rendered its victim powerless, and accompanying this injury there has been shock,—not infrequently so great as to prove speedily fatal, often such as to place life in extreme peril and from which the patient may rally slowly and imperfectly.

Many and conflicting problems arise at this point, some of which concern the surgeon and some the patient. The surgeon asks, Shall I be satisfied with a diagnosis that can be arrived at without increasing the shock to the patient? or shall I resort to anæsthetics? or, this being denied, shall I through manipulations produce the evidence of crepitus? or shall the age of the patient be regarded? shall everything that would increase shock be avoided?

The strong points in such a case are-

- 1. Age. At the age of seventy an injury that renders the patient suddenly helpless cannot be a dislocation. It must be a fracture or a bruise. At this time of life the bones are brittle and snap at slight provocations.
- 2. Shortening and eversion. These terms are but another name for preternatural mobility. The limb is shortened because it is

everted simply by its weight. The eversion of the foot is a simple question of physics.

3. Diminished tension. By comparing the limbs, the integument and muscles of the injured thigh will be perceptibly softer than its fellow, and if an effort is made to define the great trochanter it will be readily done on the injured side, but not so on the sound side.

This symptom—the relaxed condition of the fascia lata—is of

This symptom—the relaxed condition of the fascia lata—is of great importance. One of its principal functions is to enable man to stand at rest. From the crest of the ilium to the outer surface of the external tuberosity of the tibia a band of fascia lata passes, the thickest, longest, strongest band of fascia in the body. When the thigh is broken in any part, this fascia is relaxed and becomes a valuable auxiliary to other symptoms in this injury. The injured limb lies its entire length upon the bed without producing any arching of the spine.

Upon these points, age seventy or over,—at which time of life there are not, probably, five recorded eases of dislocation of the head of the femur in all medical literature,—sudden loss of power in locomotion due to an injury, with pain on the slightest motion, shortening and eversion, with diminished tension and supineness, I would not feel justified in pushing my inquiries further: 1st, because the only remaining symptom, viz., crepitus, may not be elicited, even on the most unrestricted examination; 2d, because the absence or inability to elicit crepitus is no proof that the injury is not fracture; 3d, because, as there is not a single symptom of dislocation present, one is not justified in prejudicing the case by manipulation, either with or without ether.

The administration of ether or chloroform at this advanced age is always attended with risk, and to be avoided if possible; while the flexion and extension, the circumduction and rotation, necessary to produce erepitus, all of which must be repeated by every one professionally connected with the case, is an ordeal even for the robust, and not to be unnecessarily superadded to shock occurring in old age.

The second point is the *treatment*; and here problems of no little moment confront us. Our patient is seventy; and will he bear the prolonged restraint that is usually deemed necessary to insure good repair? Can he bear a confinement of six or eight weeks? He could not bear it in typhoid fever or paralysis, and he will not bear it in

fracture. Often the sacral integument is macerated and sloughing in a week's time, and many a case dies of *bed-sore* that without this distressing complication would recover.

In my treatment of this class I regard but two stages: first, that of shock, and, second, convalescence. From first to last I make the PATIENT my first care and regard the fracture as of secondary importance. During shock I keep him recumbent, shifting his position as it affords him relief, and placing pillows or some extempore contrivance about the limb for its support. If care is taken to shift the patient from side to side in bed, to change bedding and elothing whenever it is wet, no matter how often, if the patient is placed on his right side, his back and left side, there will be no danger of bedsores until he has sufficiently recovered from the shock to leave his bed; and this may be a week or less, according to the strength and condition of the patient. I am in the habit of ordering a movable platform upon which I can fix securely an easy rocking chair. This I roll to the bedside, and with very little difficulty my patient is helped to the chair and rolled to a pleasant part of the room while his bed is being made. The first attempts to get him up are appaently attended with pain, but this is in a great measure due to fear and uncertainty of movements. After a few trials the patient will so far help himself as to require little additional assistance. At first he sits up an hour or more; but soon he will spend the entire day in his chair.

If the person is living in his own house, and especially if the house is small and attendance upon him in an upper bedroom would be irksome to other members of the family, I immediately appropriate the parlor or sitting-room to his use; and if permission is granted, I put half a dozen hooks into the ceiling over the bed, to which I attach ropes at such intervals as will help the patient to change his position in bed, or to leave his bed for the chair. So far as treatment to the fracture is concerned, I reassert that I almost entirely ignore it, knowing, as I do, the hazard one runs in confining an aged patient for any considerable period.

In the foregoing I have kept closely to my text, my rule of practice being that no procedure can be justified in establishing the diagnosis that will add to the shock of the patient, and no treatment employed that may be productive of mischief. But, it will be urged, by some, what excuse have you to offer for thus wantonly abandoning

your patient, leaving a fracture of the neck wholly to nature for repair?

To this I say, I never abandon my patient, but those do who insist upon treating the fracture and magnify its importance. These, I say, do abandon their patient, making his very existence secondary to the accident. But experience shows that the seeming neglect of the fracture is only apparent, not real. In a case of a man over eighty, who fractured the femoral neck by a fall of a few steps, I had no alternative but to shift him from bed to bed and make him comfortable. The accident occurred in midsummer, and for four months the man's life was in jeopardy. Health finally returned, and with it a useful limb. He could walk without a cane, though with a decided halt. Last winter a man in his eightieth year fell on the ice and was brought home helpless. The symptoms were well marked. I got him out of bed on the third day, and from first to last gave him my care and left the fracture to nature. He can now walk without a cane, merely to show how well he has succeeded, though he prefers a cane or a crutch.

Still, the question may arise, would not these have done better with special treatment? Are they not exceptional cases? To this I say, no. I do not believe that the *results* in treatment of fracture of the neck are brought about by splints, apparatuses, inclined chairs, or fancy beds. I believe the results are determined by the character of the fracture the instant it occurs. I make this statement after examining morbid specimens of recent and remote injuries, a study of which must convince any unprejudiced mind that in some cases nature has no resources that may avail the patient.

For those who say that Smith's anterior splint, Daniel's fracture bed, and the reclining chair accomplish the double purpose of immobilization and comfort, I have no remarks: I am reminded of the litigious Irishman, whose defence was that "he never got the goods, that they were damaged, and, besides, he paid for them at the time."

Against the practice that I have advocated, it will be stated that daily shiftings in bed, and from bed to chair, will interfere with union, since by such a course the fragments will be disturbed and efforts at repair frustrated. Even if this conclusion were a just one, I would say, better imperfect repair than a headstone. But it is an assertion, and nothing else, to say that carefully getting the patient up daily will produce a separation of fragments.

During the past winter, a female about fifty years of age, whose fracture was the result of a fall on the ice, came under my care about ten days after the injury. At this early stage the buttocks were already covered with bed-sores; and this, with the fact that she had incontinence both of bladder and rectum, made it necessary to shift her daily from one bed to another. This incontinence persisted, and no treatment for the fracture was instituted; and yet at the autopsy, about three months after the accident, there was not the slightest evidence that her ride home in an ambulance from the place where she received the injury, her being carried to the third story up narrow and winding stairs, her removal from this to the hospital, her daily shifting from one bed to another, her final removal to her home and again being carried up stairs, ever changed the relations of the non-impacted fragments from the moment the fracture took place.

There is, however, a serious side to this subject. With every honest, conscientious endeavor to do that which is best for our patient, what defence will one have in the court room when the case turns out badly? How will it sound in the jury's ears when the plaintiff's counsel says. "Gentlemen, I do not question the general skill and good intentions of the defendant, but I am forced to press upon you my convictions that he has not from first to last comprehended the nature or gravity of this case. He made no attempt at the outline to elicit crepitus, to determine whether the fracture was intra- or extra-capsular. He gave it no time to knit, but took him from his bed before a week had gone by. He claims that he was afraid of bed-sores. Why didn't he apply plasters? why didn't he order air-cushions or a water-bed? Ah, gentlemen of the jury, by a fatal misconception on the part of this surgeon, this poor man must end his days a helpless, hopeless cripple."

Unquestionably, the odds against the surgeon would be great in such a case, even though he could show that the treatment adopted were as old as Sir Astley Cooper. Here he has a lawyer struggling for a contingent fee, a jury full of sympathy for the patient, and to whom the pathology of fracture of the femoral neck is as Greek, living testimony whose faith in treatment is absolute, and authors whose latest editions eulogize methods never popular and long since abandoned.

In conclusion, I ask, what has been, is, and must ever be the outcome of all this? Will the surgeon risk his little all for the

good of his patients, or must be steer his course by that true but selfish standard, "self-preservation is the first law of nature"?

Alas when age and decrepitude are not valid reasons for the exercise of the judgment!—Philadelphia Medical Times.

REMARKS ON THE IMPORTANCE OF HAVING TRAINED NURSES FOR THE SMALLER TOWNS AND RURAL DISTRICTS, AND THE PROPER METHOD OF SECURING THEM.

By S. D. Gross, M.D., LL.D. D.C.L.

" Homo sum; humani nihil a me alienum puto."

Having long entertained the conviction that good nursing was an indispensable aid to the successful treatment of diseases and injuries, and conscious how little interest the profession and the public felt on the subject, I considered it my duty during a visit I made to Europe, in 1868, to make myself fully acquainted with its various and multifarious requirements. For this purpose, I examined many of the prominent hospitals and training-schools for nurses, and, after my return, embodied the results of my observations and reflections in a report which, the following year, as chairman of a committee appointed at my instance the previous year, was submitted to the American Medical Association at its meeting at New Orleans. The report was accompanied by a resolution, making it incumbent upon the President and Secretary of the Association to transmit a copy of it to every State and territorial Medical Society in the Union, with a view of enlisting their coöperation in the establishment of schools for the training of nurses for hospitals and private families, in accordance with the principles therein advocated.

In order to impart thorough scope and efficiency to this scheme, 1 suggested that district schools should be formed, and placed under the guardianship of the county Medical Society, the members of which should make it their business to deliver, at such time and place as might be most convenient, instruction in the art and science

of nursing, including the elements of hygiene, and every other species of information necessary to qualify the student for the important, onerous, and responsible duties of the sick-room.

The report bore good fruit; it served to arouse attention to the subject on the part of the profession and the public, and soon led to the formation of training-schools for nurses in some of our larger cities, and, among others, to the admirable ones at New Haven and on Blackwell's Island, New York; but it failed of its object in the rural districts, where trained nurses are just as much a necessity as anywhere else. In order to recall attention to a matter which every intelligent person must regard as one of vital importance, I offered the following preamble and resolution to the consideration of the Medical Society of the State of Pennsylvania at its meeting at Norristown last May, and to the American Medical Association at its meeting at Cleveland in June:

- "Whereas, Good nursing is of paramount importance to the comfort of the sick and the restoration of their health, and
- "Whereas, The subject is one which strongly addresses itself to the common sense and kindly sympathy of every intelligent member of society; therefore,
- "Resolved, That this Association, fully recognizing the importance of the subject, respectfully recommends the establishment, at every county town in our States and Territories, of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction, to be given by competent medical men, members, if possible, of county Medical Societies, either gratuitously, or at such reasonable rates as shall not debar the poor from availing themselves of their benefit."

This resolution, it will be perceived, embodies all the essential features comprised in the one offered at the meeting of the Association in 1869, and I now recur to it with the view of making some practical comments upon it which the medical press of the country has failed to do. Until the present arrangement, by which the Association has a journal of its own, went into effect a few weeks ago, many a valuable paper in its *Transactions* never saw the light of day.

In the first place, I desire to bear testimony to the fact that nursing is not only an extremely useful, but a highly honorable pursuit worthy of the ambition of any respectable person, whether man or woman. Trained nursing is rapidly assuming the form of a dignified profession. It is no longer a menial occupation, but an art and

a science. A well-educated nurse must necessarily be a person of refinement and of more or less culture. Such a nurse commands high wages, or to put it in a more proper way, high fees, is much sought after, and like the medical attendant, is entitled to the respect and confidence of the family in which he or she renders the service. A nurse often becomes the life-long friend of a patient, and eases have repeatedly occurred in which large legacies have been left for important services rendered in severe and protracted siekness. These remarks are more especially applicable to female nurses, who everywhere constitute the great majority of this class of persons, and in the succeeding discussion I shall, in order to avoid useless repetition, confine myself to that sex.

The chief qualities of a nurse are perfect health, refinement, neatness of person, correct habits, kindness of heart, patience, power of endurance, a good temper, a discreet tongue, good judgment, and alertness of mind. Such a combination of qualities is rare, but where it is present, and has been improved by a rigid course of training, it fulfils the very highest requirements of the sick room. Endowed with such an array of gifts, a nurse is capable of doing an amount of good in combating disease in a degree hardly inferior to that of the medical attendant himself. She diffuses light and courage and sympathy in all her acts and movements, and thus robs courage and sympathy in all her acts and movements, and thus robs disease of half its fears and pangs. An indifferent, poor, or untrained nurse, on the other hand, is too often a source of positive mischief; her want of knowledge is incessantly at fault; she worries and frets not only the patient, but every one around her; everything is out of joint; and, instead of being a blessing, she is too frequently only a nuisance. "For the want of timely care," says Armstrong, the poor doctor, "millions have died of medicable wounds;" and millions, I am sure, die every year from a want of proper nursing. A good nurse is the right hand of the physician. If his injunctions, in the way of medicine food drink and other necessaries are not in the way of medicine, food, drink, and other necessaries, are not faithfully earried out during the interval of his visits, how will it be possible for him to combat disease successfully? In many cases, the recovery of the patient is due more to good nursing than to the skill of the physician. When I come to die, let me have plenty of light and pure air in my room, and at my bedside a kind and accomplished nurse, a member, if possible, of that noble sisterhood, the Sisters of ... Charity, who are doing everywhere such noble work in the interestant of the sick and the dying.

The requirements of the sick room are numerous and diversified, and embrace a knowledge of everything that can conduce to the comfort and recovery of the patient. The first duty of the nurse is to carry out with unwavering fidelity and punctuality the instructions of the medical attendant: this is a sacred duty, and should on no account be departed from, unless unexpected intercurrent circumstances render it imperatively necessary. The relations between the nurse and the patient should be of the most friendly nature. She should move about the chamber, not on tiptoe, but as noislessly as possible; wear a cheerful countenance, even in impending danger; express herself gently in a few, well-chosen words, and perform every needful duty, however menial or distasteful, with promptness and alacrity. She must not lose her temper or show feeling, even if the patient be unreasonable, fault-finding, or over-exacting, always bearing in mind that these are common effects of disease, and that she must make the best of them. She must not indulge in gossip or tattle, but know and feel that the secrets of the sick room are sacred.

I would lay great stress upon what I regard as the æsthetics of the sick room—a word which to me has a very high significance. The dictionary defines æsthetics as the science of the beautiful—the beautiful in nature and in art. The siek man's chamber has rarely about or in it anything of the æsthethie; on the contrary, it is generally disgracefully unesthetic; in a state of confusion worse confounded; one thing here and another there, where they have no business to be, if they be not indeed a source of positive annoyance. Nothing can be more disgusting than to see half a dozen vials and pill boxes piled upon the table or bureau directly under the patient's eye; a plate, cup, knife, or spoon here or there; a soiled napkin on the bed, or on the washstand; a slipper out on the floor, or a chair, stand, or some other piece of furniture out of place. Such disorder cannot fail to make a disagreeable impression upon the patient, and is a disgrace alike to the nurse and to the medical attendant. Each should aim to produce the most agreeable impression upon the poor sufferer. It is bad enough to be sick, but to be shut up, perhaps in a small, ill-ventilated room, filled with unpleasant odors and distasteful surroundings, is unbearable, and little short of a crime.

The educated nurse must have a competent knowledge, 1st, of the general principles of hygiene; 2nd, of the effects, doses, and modes of administration of the medicines in most common use; 3d, of the nature of food and drink, and the proper methods of preparing them for the sick; 4th, of the different poisons and their antidotes; 5th, of local remedies, as leeching, cupping, blistering, bandaging, poultices, lotions, antiseptics, and ointments; and 6th, of the manner of handling the patient, of making up his bed, and of changing his body-clothes. If, superadded to this knowledge, a nurse can have some idea of the nature and treatment of the more common diseases, very well, but such knowledge is by no means indispensable. A little knowledge is here, as everywhere else, often a dangerous thing. Dr. Rush used to tell his students that no physician should be permitted to engage in practice unless he had served six months in the kitchen, so important did he consider a knowledge of the art of cooking.

To educate nurses for the rural districts and villages, all that is necessary is to establish a central office or bureau at every County Town in each State and Territory, and to place it under the charge of its medical society, which should select two or at most three of its members to give it the necessary instruction. One, for example, might take charge of the various matters comprised under the head of requirements of the sick-room, including hygiene and the nature and preparation of food; another, the mode of examining the patient as to the condition of his tongue, pulse, countenance, skin, temperature, posture, and excretions; the mode of administering medicines, their doses and actions; poisons and their antidotes; while a third might busy himself with surgical, obstetrical, and gynecological appliances and dressings, including the treatment of hemorrhage.

Where no county society exists, the same object may be attained by the banding together of any two or three competent physicians in the place. Notice of the time and place of meeting should of course be given in the public prints, and also by card. A small matriculation fee should be charged, and also, where possible, a small fee for each of the instructors, to assist in defraying expenses. The teaching should be as practical as possible—essentially practical—each pupil being obliged to perform her work in the presence of her instructor, not once or twice, but again and again. Free use should be made of the blackboard. The outfit of such an establishment need not exceed fifty, seventy-five, or, at most, one hundred dollars. There should be frequent examinations, and at the final one a certificate of competency should be awarded to the successful candidates.

If the plan now suggested be faithfully carried out, as I confidently believe it may be, either as here presented, or with such modifications, changes or alterations as circumstances may render necessary, it cannot fail to be instrumental in saving many lives, in preventing much suffering, in inspiring hope in the sick, and in imparting confidence to the professional attendant. If this plan succeed, I shall feel that I have accomplished the greatest work of my life.

To aid the pupil in her efforts at acquiring knowledge, she should avail herself of a proper text-book. Of this class of works I have now six lying upon my table, and after a careful examination, give the preference, as to completeness, to the Hand-Book of Nursing, published under the direction of the Connecticut Training-school for Nurses. A Manual of Nursing, prepared for the Trainingschool attached to Bellevue Hospital; Anderson's Lectures on Nursing, and Cullingworth's Manual of Nursing, Medical and Surgical, are also excellent productions, worthy of a place in the library of the nurse and of the physician. Any of these books may be obtained of Blakiston, Son & Co., 1012 Walnut street, Philadelphia, at one dollar a copy. A Manual for Hospital Nurses has been issued by Mr. Edward J. Domville, of London, and is now in its fourth edition; and there is a brochure, entitled Notes on Fever Nursing, from the pen of Dr. James W. Allan, of Glasgow, reprinted in Philadelphia. Much valuable information will be found in the Notes on Nursing, by Miss Florence Nightingale, published soon after her return from the war in the Crimea, where she earned so much glory by her efforts to assist the sick and wounded.

I could wish that this paper, imperfect as it is, could be widely disseminated, in order to arouse the attention of the profession everywhere to the importance of the subject of which it treats. Unless this be done, and it can be done only through the aid of the medical press of the country, it will signally fail of its purpose.—Philadelphia Medical News.

KAIRINE, the new antipyretic is transient in its action; requires 15 grains at a time, and daily doses of from 140 to 165 grains; may shorten an attack of intermittent fever, but does not prevent its return.

CANNABIS INDICA; A VALUABLE REMEDY IN MEN-ORRHAGIA.

Mr. J. Brown, of Bacup, observes:

"Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhæa and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect even in small doses. Text-books give the dose as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason, it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The modus operandi I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient; the following is the prescription: R tinetura cannabis indica, Mxxx; pulveris tragae, co. 3 j; spiritus chlorof. 3 j; aquam ad 3 ij. One ounce every three hours. Four years ago I was called to see Mrs. W., aged 40, multipara. She had suffered from menorrhagia for several months.

Her medical attendant had tried the ordinary remedy without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the 'green medicine.' I learned afterwards that she had sent the medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other eases of plethora."

Robert Batho, M.D., M.R.C.P., Castletown, Isle of Man, writes in reference to the same subject:

[&]quot; Considerable experience of its employment is menorrhagia, more

especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is par excellence the remedy for that condition, which, unfortunately, is very frequent in India.

"I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hemorrhage attending the latter condition, it appears to exercise but little force. I can recall one case in my practice in India, where my patient had lost profusely at each period for several years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed.

"I could say a few words in its favor, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."—British Med. Journal.

ELIMINATION OF MERCURY AFTER ITS CUTANEOUS EMPLOYMENT.—Dr. Schuster, of Aix-la-Ohapelle, in an article in the September number of the *Journal of Cutaneous and Venereal Diseases*, says in conclusion, in an article with the above caption:

"1. Mercury introduced into the organism through the skin or in any other way is eliminated continuously;

"2. That its elimination in the ordinary mercurial treatment is completed after the lapse of six months;

"3. That, therefore, there is no persistence in the organism of the introduced mercury."

The conclusions are derived from examinations of urine and fæces.

HEAD-FIRST DELIVERY IN PLACENTA PREVIA.

We find in the *Planet* of 15th September, a communication from Dr. T. S. Eshleman on the advantages of head-first delivery in cases of placenta, instead of delivery by turning.

The recommendation is briefly to deliver by the forceps instead of by turning "to use a narrow blade forceps, say \(\frac{7}{8} \) inch in width (across the fenestra) for the first blade; the second blade may be \(\frac{3}{4} \), as it must pass over the shank of the blade first introduced. The blade of the ordinary long forceps will readily enter the os, as this latter is usually found relaxed in consequence of hemorrhage. An examination made by one finger will usually determine the direction of a free edge of the placenta in the "partial cases" central implantations are rare. A second finger will make sufficient dilatation of the os, for the introduction of the forceps. There is no time or occasion for tamponing in these cases.

[The doctor considers that in very many abortions, the condition of p. pravia exists, but is overlooked by the attending accoucheur, and nurse.* He also firmly believes that this obstetrical presentation is not essentially dangerous. Certainly this is very different to what we are usually taught and led to believe. Dr. E. says there is usually no time to administer an anæsthetic; so he applies the forceps at once without previous medication, having in view the relaxation of a rigid os: as regards waiting for the os to be relaxed in a natural way, he states that is useless and dangerous; when the blades are locked he uses traction, alternating with short periods of repose; as the very fact of the presence of the forceps acts as a stimulus to the uterine fibre, and induces partly a natural expulsion of the fœtus.]

If the implantation be central, go through it carefully with the fingers, or a pair of speculum (dressing) forceps, closed; you will usually find one or more apertures (closed fissures, Ed.) extending to the free membranous surface of the placenta; you penetrate these openings forcibly by the forceps; you will thus make a complete opening of about two inches, which will admit the blades of the obstetrical forceps. A little manipulation will readily grasp the head. This done, tilt the handles back against the perincum; this

^{*}A large majority of "partial," placental presentations from the third month are undoubtedly classed as ordinary miscarriages.

will throw the fœtal head against the abdominal walls of the mother; when the hand, externally applied, while turning the head from side to side with the forceps, will determine the proper adaptation of the blades on the fœtal head; or the fact of any projecting of the points, the child's head being small, that might injure the mother. The head is now brought down firmly upon the placenta, which instantly arrests all hemorrhage. The labor will then be conducted as an ordinary forceps case, by traction, alternated with rest; to which the uterus will respond; and this method will generally insure contraction after delivery. If the child is alive when the accoucheur arrives, aided as he will be by the previous hemorrhage producing a general relaxation, and by the usual smallness of the child, from its premature birth,—he will be able to deliver it alive, even should the placenta become entirely separated, or the pressure of the head cut off the circulation in the placenta during traction.

[Dr. E. states that the child will live even half an hour after the placenta has been detached. The doctor further states that since he has adopted instrumental interference in the cases of children alive, on the arrival of the doctor, he has invariably delivered living children; whereas as usually conducted, dead children are brought into the world—the object of the accoucheur being simply to save the mother.—Ed.]

It is well to follow the emptying of the uterus by manipulations externally applied, to insure contraction and prevent inversion; and even after delivery to keep it up for some time. The cold douche may be required, on the abdomen, while the hand is kept within the uterus. After delivery if suspended animation is present in the child, place it in a warm bath, at the same time making use of artificial respiration. The accoucheur must not leave these cases to the care of the nurse, either before or after delivery, even for several hours: he will find enough to do, aided by the nurse; an assistant should also be present. The child must be resuscitated by an assistant, even though it take half an hour. And, in the case of the mother, every means to prevent syncope or heart-clot in extreme hemorrhage must be employed, such as stimulants and fluid drinks; while the shoulders and head of the mother are diligently kept down every moment upon the mattress; and the foot of the bedstead should be very much elevated.

The writer's views and treatment have been given from time to

time, in discussions, and papers read before the Philadelphia County Medical Society, and published with the Transactions in the Philadelphia Medical Times and other journals. Dr. Davis, of Wilkesbarre, impressed by these papers, was led to adopt the recommendations mentioned therein. He read a very interesting and important paper at the Centennial Meeting of the Pennsylvania State Medical Society, describing eight or ten cases which he had treated. A majority of the children and all the mothers were saved. This paper was published in the Society Transactions for the (centennial) year 1876. He asserted that Dr. Eshleman's method must revolutionize the treatment in placenta previa.

SUMMARY.

Some of the advantages claimed for the forceps so used, over "turning," in p. previa, are:

1st. That the delivery is head first, insuring greater safety to the child.

- 2nd. That the forcible introduction of the hand is avoided by their use.
- 3d. That valuable time is saved, as the blade of the forceps requires but half the dilatation of the os, that the hand does to introduce.
 - 4th. That the placenta is less disturbed in its attachments.
- 5th. That hemorrhage is not so apt to accompany the introduction of the forceps.
- 6th. That hemorrhage is instantly arrested by traction on the forceps causing the head to press upon the placenta.
- 7th. That distension is made to accommodate the hand in the uterus, and incident to turning, while passing the longer diameter of the child, across the shorter diameter of the uterus is avoided.

8th. Greater safety to the mother.

These may be multiplied by further reflections.

Unusual Mortality Return.—In the city of Wilmington, for the last seventeen days of August, there was not a death among the white population.

CONGESTION OF THE BRAIN, WITH CONVULSIONS, SUCCESSFULLY TREATED BY VENESECTION.

Mr. Shout, of Chelmsford, writes:

"The following interesting case has just happened in my practice, which satisfactorily proves that the old disused custom of depletion is, at certain times and in properly diagnosed cases, the only available treatment; and, if judiciously employed, will most likely save life, as was evidenced by the results:

"I was hastily summoned to a young man, aged 21, who had accidently fallen into the caual, and was supposed to be suffering from the effects of his immersion. I found, on my arrival, that his wet clothes had been changed. He lay upon a couch on his back; the surface of his body was warm; the skin dry, and in its normal condition; his breathing slow; face and neck swollen and congested; pupils semidilated, and which did not contract under the stimulus of a strong light; jaws firmly locked; he could not swallow, as a teaspoonful of water ran out of his mouth when given; pulse 100, slow and intermitting; and there was likewise constant spasmodic twitching of the right arm. He could not be aroused from his coma; even tickling the soles of the feet gave no indications of consciousness; there was no paralysis nor rigidity of any part of his body. Mustard plasters were applied to the front of the chest and to the nape of the neck. After a time, he became very violent, opening and shutting his mouth, forcibly protruding the tongue, and endeavoring to bite his arm, which he seized between his teeth, and it would have been severely injured had he not been prevented by forcible restraint, it taking several strong men to hold him down during the paroxysms; his face and neck becoming more swollen and turgid, and the convulsions more frequent and urgent every minute.

"I concluded that nothing would relieve him except free depletion, which was at once performed in the usual situation in the left arm. The blood ran very slowly at first, but after a time more freely; it was very dark-colored, which condition continued until the necessary quantity was obtained, the lips becoming blanched, and the pulse more regular. He commenced yawning, and then talking, vomited twice, bringing up some half-digested food; and upon being asked, 'said he never felt better in his life,' and wished to lie down,

as he felt very sleepy. Somewhere about twenty-five or thirty onnees of blood were drawn, but the exact quantity was not known, as a common hand basin was used for the purpose. He was put to bed, when he slept for two or three hours, after which he awoke much refreshed, and was apparently quite well. He slept well all night; next morning came to see me, having walked about half a mile. He said he was much better, but the spasmodic twitching of the right arm still continued.

"He gave the following account: Two days previously, he had attended some races, and had been induced to drink more beer than was good for him, having been an abstainer; he had likewise been engaged in wheeling coal from a barge, which he found very heavy work, not being use to it. The sun was during this time, bright and warm, with a strong north-east wind blowing. He found, on getting up next morning, that his right arm was in continual motion; he could not hold it still. He thought he had delirium tremens; but he still continued at his work, his head feeling giddy and light, and gradually increasing in intensity; he commenced dancing about and performing other anties, not being able to control or direct his movements. He saw the water before him, and all the time thought he was moving backwards, and away from it, but instead was going towards, and into which he fell, its depth being sixteen feet. He found himself at the bottom, and everything he saw appeared enormously enlarged; he came quickly to the surface, and clutched at some reeds, and by the assistance of those present gained the bank, when he became perfectly insensible, and knew no more."—British Medical Journal.

Spider's Web as an Antiperiodic.—The Medical Times quotes from the Bull. Général de Thérapentique, the administration by Dr. Oliver of 83 malarial cases with spider's web. He says that it can cure intermittent fever in doses of 30 grains, it is less prompt than quinine, it has a more pleasant taste than quinine; relapses are less frequent. [This remedy was faithfully tried by the elder Dr. Wellford, of Richmond, when substitutes for quinine were eagerly sought for, but the results were not remarkable.—Ed.]

GOOD REMEDIES OUT OF FASHION.

In an address on this subject, delivered at the Annual Meeting of the Metropolian Counties Branch of the British Medical Association, by the President Dr. C. J. Hare, late Physician to University College Hospital, the lecturer made some interesting observations on emetics and bleeding:

"It is not long ago that, in a very argent case of bronchitis, I advised the administration of an EMETIC; when the gentleman whom I had been called to meet in consultation said, 'Why, I never gave an emetic to an adult in my life.' In former times, it was not unusual, on the contrary, to commence the treatment of many diseases with the administration of a dose to procure vomiting; and although the remedy might then be given sometimes indiscriminately and according to routine, only those who have seen the effects of emetics, properly and judiciously given, can conceive the beneficial effects they sometimes produce. In the early stage of an attack of croup, it was by no means unusual to give an emetic of tartarized antimony or of ipeeacuanha; and it is in accordance with the recorded experience of some of the best authorities and most practical men, and quite consonant with my own experience too, that symptoms which present the most certain augury of a severe attack were by these means cut short, the hoarse voice resumed its natural character, and the feverish symptoms were in a few hours relieved. I know quite well that a great fear is entertained by some as to the depressing effects of emeties; but the fear is theoretical, and not practical, and those who have had most experience in the administration of them best know how groundless the fear is. In diphtheria, too, I have seen the false membranes which are out of the reach of local remedies, and which the patients cough and cough in vain, and utterly exhaust themselves to get quit of, readily brought up by the action of vomiting, to the immense relief of the sufferer.

"In suffocative bronchitis, the effect of emeties is sometimes magical, and by their administration in such cases not only is immense relief given, but I verily, believe—I am certain—that lives are saved. You are called to a patient who has been ill a few days, with increasing dysphea; she is sitting up in bed (I draw from nature), for to lie down is impossible; she is restless and tossing about; the lips, and indeed the whole face, blue; the eyes watering and staring; the

pulse quick and small; the cough constant; the expectoration semi-transparent and tenacious; over every square inch of the chest, front and back, from apex to base, you find abundance of rhonchi; moist, sonorous and sibilant ones in the upper part of the lungs, and mucocrepitant or mueous râles towards the bases. Ammonia and stimulants, right and good in their way perhaps, in such a case are too slow in their action; the patient is, in fact, more or less slowly, more or less rapidly suffocating. An emetic of twenty-two grains of ipecacuanha in an ounce of water is given; in ten or fifteen minutes, the patient vomits and brings up a huge quantity of that tenacious mucus, and the whole aspect of the case is altered; the distressed countenance is relieved; the breathing is at once quieter; and the patient is able for the first time for the past twenty-four hours to lie moderately low in bed, and to get some sweet refreshing sleep. The patient is, in fact, rescued from the extremest peril, and in this case, and in many similar ones too, I believe, from otherwise most certain death. Of course, in such cases the emetic is not given for its effect on the stomach, but for its collateral effect in mechanically clearing out the enormous amount of secretion which accumulates in the bronchial tubes, and which the patient is otherwise quite incapable of getting quit of; and thus the half-choking, almost asphyxiated, condition is changed for one of comparative comfort, and time is gained for the action of other appropriate remedies. No doubt the secretion may, and often will, accumulate again; and I have not hesitated again in bad cases to repeat the same good remedy; but it is a fact, and a very positive one too, that, quite contrary to what those who have had no experience in the plan suppose, the system rallies instead of being more depressed under the action of the remedy.

"There is a class of cases in which the right heart is engorged with

"There is a class of cases in which the right heart is engorged with blood, and in which the only hope of rescuing the patient from death is by bleeding. A man of middle age (I again draw from nature) has considerable chronic bronchitis, with some congestion of the lungs, and, like many other unwise persons, he goes to a southern watering place instead of remaining in his room and in an uniform temperature. Becoming worse he determines to return home, and travels on a cold spring day; his dyspnea is so much worse on the journey, that his friend and the fellow passengers doubt whether he will arrive home alive; and when his carriage meets him, it is with the greatest difficulty he is conveyed to his house, and got into his

drawing room. You are at once sent for, the message being that the patient is dying, and when you arrive you find that that is the fact. He is sitting in a chair (to lie down is impossible for him), his face is blue and swollen, his lips purple, the eyes suffused and staring, his heavy gasping breathing you have only too distinctly heard and recognized as you ascended the stairs, and when you see him you find his chest heaving, and each short gasping inspiration followed by a long wheezing and moaning expiration; his lungs are full of moist sonorous, and mucous and submucous rhouchi, and scarcely a trace of vesicular respiration is to be heard, and he is pulseless. He looks to you beseechingly, and gasps out, in scarcely articulate words, that he is dying. This is but too true. Now, the treatment for such a condition at the present day is "to pour in stimulants" (though the patient can scarcely swallow). Brandy and water are given, and ammonia, and perhaps ether; then, if the patient live long enough to have them made, mustard poultices are applied to the chest, and to the calves, and to the feet, and the patient is fanned, and the patient dies. Something has been done, but that which true pathology—and, indeed, common sense, unshackled by prejudice, custom, and fashion—would dietate, has been left undone. Appearances have been saved but not the patient's life.

"The fact is, that here the danger lay in the right side of the heart-being gorged with blood, so that it was impossible for its stretched and distended walls to contract and to propel forwards the thick and blackened blood. Oh, as you value your patient's life, as you value the blessed consciousness of being a minister who has done everything possible for his welfare, let me beg of you not to be contented with the futile treatment of to-day; relieve that poor oppressed distended heart, and all may be well! Open one of those veins which are, with every systole of the heart, tending to carry more and more blood to this already distended right ventricle, and all may yet be well with your patient. Sometimes this blood-letting, in extreme cases, is no easy matter; it may be necessary, before you can effectually open the vein, to place the patient's arm in warm water, so as sufficiently to distend the vein; and even when the ligature has been efficiently applied, and the vein well opened, you may have to press and squeeze and rub upwards the arm before a drop of the thick and tarry blood will flow. But, when it does flow at length freely, oh, what a marvellous change may you see take place!—the breathing

becomes quieter, deeper, and less noisy, the haggard face resumes the appearance of tranquility, the blueness of the skin is replaced by a more natural tint, the pulse becomes more and more distinct, and, in a word, the choked up heart is set free. This is no fancy picture. Every word is simple truth, and I appeal for confirmation to the memory of every senior member present who recollects the experience of his earlier days, and who can also probably tell you that the after-progress of such cases was sometimes almost miraculously rapid, so that in a few days even the patients might become convalescent."—British Medical Journal.

AN INQUIRY INTO THE CAUSES OF THE INCREASE OF CANCER.

Hugh P. Dunn, F.R.C.S., writes:

At the end of a long and elaborate thesis on this question, Mr. Dunn concludes. "1. That, in the face of incontrovertible facts, cancer is increasing in England. 2. That this increase is due (a) To the success attending the legislative measure and other means for the preservation of the infant population, by which a large proportion of persons reach adult age, and the general healthiness of the community is increased. (b) To the greater prominence which, in the present day, prevails, of the most predisposing causes of the disease—such as the fecundity of women, the prevalence of high nervous tension, the existence of possibly greater general luxury in the mode of living. 3. That the immunity apparently demonstrated by the records as present in certain counties of England and Wales, is presumably, as we have attempted to show, not due to any real declina-tion of the disease, but rather to such causes as can be explained by special local predisposition to other diseases, to which a large proportion of the adult population succumb. 4. That in consequence of this, if each district of England and Wales were equally healthy, each would probably exhibit a high cancer mortality. 5. That the geographical area of which England and Wales is composed, is insufficient to account directly for interruption in the distribution of cancer as met with in this island."—British Medical Journal.

SURGICAL EXPEDIENTS IN EMERGENCIES,

Dr. R. J. Levis has recorded some useful surgical hints in a paper read before the last meeting of the Pennsylvania Medical Society. In cases of *distended bladder*, when a catheter is not easily obtainable, recourse may be had to a piece of iron bell wire, bent double on itself. The bent and doubled end can be easily passed on into the bladder. The distension of the urethra is thus accomplished, and urine permitted to escape.

A Female Catheter may be extemporized out of a rye straw, the tip dipped in wax or sealing wax to make it smooth. The stem of a pipe is equally useful.

In Cases of Obstinate Epistaxis he suggests unirritating and painless pressure within the nares by means of a long piece of intestine of a chicken, inserted, while empty and collapsed, backward through the nares. When thus lodged, air or water in the other end is forced by compression with the hand from the pendulous part.

A very efficient substitute for Esmarch's elastic bandage is made from ordinary flannel cut bias.

A tenaculum may be substituted by a fish hook mounted on a penstaff. Materials for splints can be, at almost all times, extemporized from materials of wooden boxes and binder's boards, [and backboards of pictures, and straw bottle covers used in packing.]

Fixed dressing may be made of sand paper. Moisten the paper and conform it to the arm, and when dry it will give a solid and firm support.

A common gimlet is an efficient instrument in opening the mastoid cells. Many of the suggestions he makes, which we have omitted, border on the territory of the domestic practitioner, but will repay perusal even if it adds only one item to the storehouse of expedients.

Anti-Vaccination Speeches.—The Secretary of the London Anti-Vaccination Society has sent us the speeches of Mr. P. A. Taylor and Mr. C. H. Hopwood, on Vaccination, delivered in the British House of Commons. It is a pamphlet of 44 pages and is issued as a tract by the anti-vaccinists.

CLINICAL THERMOMETERS examined and certified at Yale Observatory for 1882--3 were 5.140, against 1.667 in 1880--81.

Galium Aparine, (Goose Grass) has come to the front again, this time in the hands of Dr. Quinlan, of Dublin, the fresh plant cures chronic ulcers.

ERGOTIN given in doses of 16 grains will neutralize the cerebral effects of fifteen grains of quinine. Tinnitus may be entirely avoided by combining these two remedies.— Quinologist.—Medical Times.

We ask attention to the advertisement in this issue of the "Physician Himself" by Dr. Cathell, of Baltimore. It is a unique volume, full of wise aphorisms, and sound advice. We were not mistaken in our first estimate of it.

DR. RICHARD J. DUNGLISON, (Secretary,) informs us that the Annual Meeting of the American Academy of Medicine, will take place at 12 W. 31st Street, New York, on Tucsday, October 9th, (three o'clock P. M.), and Wednesday, October 10th, 1883.

MILLER'S EPITOME OF MEDICINE AND SURGERY which has been so largely advertised and sold as the work of Dr. A. Stillé and Dr. Hayes Agnew, of Philadelphia, has been restrained by the courts from further circulation upon the affidavit by the reputed authors, upon the ground that the lectures were stolen.

MICROSCOPICAL EXAMINATION OF THE LEAVES OF LIATRIS ODORATISSIMA. (DOG TONGUE).—This interesting plant has been attracting much attention of late, because of its commercial value to perfumers and tobacco manufacturers. Prof. W. K. Higley, of Lake Geneva, Wisconsin, has made a microscopical examination of the plant, which he has recently contributed to New Remedies (September, 1883) with illustrations. Read in connection with an article on the botanical and chemical characters of Liatris, which appeared in the Journal and in New Remedies, March, 1882, it will interest most of our readers.

Condensed Milk.—While Dr. Richard Neale, of London, is raising his voice, against condensed milk, American babies, especially in the Southern States, deprived of stores from "the maternal font," are growing fat, rosy and solid upon it. We wish Dr. Neale could see the hundreds of thriving children who have taken nothing but condensed milk as a food, it would upset all his opposition to it, either chemically or clinically.

New York Private Hospital.—Dr. A. H. Goelet has opened a private hospital in his residence at 243 West 54th Street, New York, where persons who conceive it to be advantageous to seek surgical advice away from home, can find good accommodations, and have all the advantages of the skill of an able staff of consultants.

ARTIFICIAL QUININE.—No word in confirmation of the discovery claimed by Maumené, a member of the French Academy has been printed; but we are again threatened with the genuine discovery, (New Remedies, September, 1883) this time by an Austrian, Professor, Dr. Zd. H. Skraup. It no longer causes a ripple of excitement in the chemical world.

THE DEDICATION OF THE HARVARD MEDICAL SCHOOL.—We return thanks to the Faculty for an invitation to the opening exercises of the Harvard Medical School, and the celebration of the One Hundredth Anniversary of its foundation. We congratulate the College upon this new era in its existence, and wish fof it as in the past, the career of usefulness it is so honorably striving for.

The Oldest Autorsy.—Dr. Jas. R. Quinan, has been contributing some interesting "Illustrations of Medicine in Maryland in Ye Olden Time", in the *Maryland Medical Journal*. In his last paper has given an account of an "Enquest" in 1642, and of an autopsy in 1643, only nine years after the settlement of the Province. So far this antedates the Massachusetts case, her earliest autopsy being 1674.

TREATMENT OF GLAUCOMA.—Dr. Flavel B. Tiffany, of Kansas City, Mo., prefers selectiony for the relief of glaucoma (St. Louis Medical and Surgical Journal, September, 1883,) and describes the steps in the operation as follows:

- "1. One grain of sulphate of eserine to an ounce of dilute water must be dropped in the eye before the operation.
 - "2. The operation, if possible, should be made without narcosis.
 - "3. Section may be made upwards or downwards.
- "4. Enter the sclera with von Graefe's knife at one m.m. from the edge of the cornea, as if about to make a scleral flap.
- " 5. When the knife has made the counter puncture, it is to be pushed slowly forward, and the operation ended if possible by the withdrawal of the knife, which should be done very slowly.
 - "6. Flap is not to be completed but apex to be left.
- " 7. Eserine must again be dropped into the eye and a bandage applied."

MEDICATED BOUGIES.—Equal parts of glycerite of starch and powdered white soap, and equal parts of powdered starch and tragacanth to give the mass proper consistence. Add the proper amount of medicine to be used, and after thorough mixing roll out into pencils of from four to five inches in length, and two to three sixteenths of an inch diameter. It is reputed to be superior to gelatine and cocao-butter.—Indiana Pharmacist—New Remedies.

Penalty for the Wilful Adulteration of Quinne.—H. C. Lacomb contractor for the supply of quinine to the Paris hospitals, was found guilty of the wilful sophistication of quinine, and in view of the fact that he knew it was to be used with the sick in public charitable institutions, the court sentenced the accused to pay a fine of fifty francs, to be imprisoned for one year, and that in addition thereto the verdict be exposed to public view for twenty-four hours, attached to the door of the business place of the accused, and at his cost be published in full in six newspapers, in three pharmaceutical and three medical journals.—Amer. Jour. Pharmacy.

DIOSPYROS KAKI, (JAPANESE PERSIMMON).—According to J. Ishikana, in a paper on the materials containing tannin used in Japan, a remarkable liquid called "kaki-no-shibu," prepared from the astringent fruits of the persimmon (*Diospyros Kaki*), is used for giving strength and durability to paper, which is applied to many more uses in Japan than in other countries. This property appears to be due to the deposit from the film of liquid, with which the paper

is covered, possessing somewhat of the character of lacquer while the tannin acts as an antiseptic. The film formed by this liquid on materials coated with or immersed in it is almost insoluble in water or alcohol and is not perceptibly attacked by boiling with dilute sulphuric acid. The kaki-no-shibu is prepared from the fruits gathered early in the summer and beaten in stone mortars. The mass, transferred to wooden tubs, is covered with water for half a day, and then filtered through a straw-bag. The liquid so prepared is a milky fluid of a light or dark grey color and evidently holds minute particles of solid matter in suspension.—Bulletin of the Torrey Botanical Club.

Ptomaines in Ice Cream.—Serious poisoning by ice cream occurs so frequently that we are interested to notice (*Home and Health*, September and November, 1883) that a chemical investigation has been made by Charles B. Gibson, P.H.G., one of the Chemists of the College of Physicians and Surgeons of Chicago.

He examined some ice cream which had made a number of people sick, "and found that the poisoning was due to the formation of certain alkaloids called *ptomaines*, which are only formed in the first stages of the decomposition of organic matter, and afterwards disappear, or are destroyed if the decomposition be allowed to proceed further.

"The process of making this cream was favorable to the development of *ptomaines*, for after the cream had been collected it stood a few hours longer before freezing."

Whether or not the chemistry of this case will be received as final, it agrees more rationally with the gravity of symptoms caused than the theory of the poisonous quality of the flavoring extracts which has been assumed in similar cases. The flavoring extracts usually employed—lemon and vanilla—even if sophisticated, could do no harm, for it is well known as regards vanilla, that tonqua enters largely into the cheaper grades of the extract, and this is entirely harmless.

There is little doubt that the usual way of collecting cream for festivals, days in advance of its consumption, especially during warm weather, and the putrefactive changes which are liable to take place, is an adequate explanation of most of the serious poisoning recorded.

CORRESPONDENCE.

HÆMORRHAGE IN TYPHOID FEVER.

Editor of N. C. Medical Journal:

Dear Sir:—Having observed hæmaturia in a patient sick with typhoid fever in the fifth week, and noticing that he had concurrently an intestinal hemorrhage, will you, or any of your numerous readers, let me know if they have ever observed any connection between the two, which would incline them to attach prognostic value to the hæmaturia?

Yours, truly,

J. R. L.

BOOKS AND PAMPHLETS RECEIVED.

The New York Post-Graduate Medical School. Announcement of the Second Year. Sessions of 1883-84. Nos. 213-215 East 23d Street, New York City.

Transactions of the Michigan State Medical Society for the Year 1883. No. III. Vol. VIII. Lansing: W. S. George & Co., Printers and Binders. 1883.

The Topographical Relations of the Female Pelvic Organs. By Ambrose L. Ranney, A.M., M.D. With 22 Woodcuts. Wm. Wood & Co. New York. 1883. Pp. 120.

The Classification, Training and Education of the Feeble-Minded, Imbecile and Idiotic. By Chas. II. Stanley Davis, M.D. New York. E. Steiger & Co., 25 Park Place. 1883.

Some Remarks on Naso-Aural Catarrh and its Rational Treatment. By John N. Mackenzie, M.D. Reprinted from the Transactions of the Medical and Chirurgical Faculty of Maryland, 1883.

A Report on Laceration of the Cervix Uteri. By T. B. Harvey, M.D. Stenographically Reported for the Indiana State Medical Society. At Indianapolis, May, 1883. Press of Baker & Randolph, Indianapolis.

Adherent and Contracted Prepuce, commonly called Congenital Phimosis. Read before the Philadelphia County Medical Society, April 11th, 1883, by De Forest Willard, M.D. Reprinted from the Philadelphia Medical Times for June 30, 1883. The Annual Address, delivered before the American Academy of Medicine, at its Seventh Annual Meeting, in Philadelphia, October 26th, 1882. By Traill Green, A.M., M.D., of Easton, Pa., President of the Academy. Published by order of the Academy. Philadelphia: 1883.

Proceedings at the Annual Meeting of the National Civil-Service Reform League held at Newport, Rhode Island, August 1, 1883. With the Address of the President Hon. George William Curtis, New York: Published for the National Civil Service Reform League. 1883.

Report for the Year 1882-1883 of H. A. Newton, Director, to the Board of Managers of the Observatory in Yale College, Presented by them to the President and Fellows; to which is Appended the Report of the Astronomer in charge of the Horological and Thermometric Bureaus.

Report of the Section on Obstetries and Gynecology. By William T. Howard, M.D. Reprinted from the Transactions of the Medical and Chirurgical Faculty of Maryland, at its Eighty-fifth Annual Session, held at Baltimore, Maryland, April, 1883. Baltimore: Press of Isaac Friedenwald, 103 W. Fayette Street.

Observations on the Management of Enteric Fever According to a Plan Based upon the so-called Specific Treatment. Read before the College of Physicians of Philadelphia, January 3, 1883. By James C. Wilson, M.D. [Extracted from the Transactions, 3d Series, Vol. VI.] Philadelphia: Collins, Printer, 705 Jayne Street. 1883. Pp. 13.

Report of the Board of Health of the State of Louisiana to the General Assembly, for the year 1882 and the first six months of 1883, Embracing the Quarantine and Sanitary Operations of the Board of Health, during a Period of Eighteen Months, January 1st, 1882, July 1st, 1883. Baton Rouge: Printed by Loen Jartrémski, State Printer. 1883. Pp. lxiii—637.

NORTH CAROLINA MEDICAL JOURNAL.

THOMAS F. WOOD, M. D., Editor.

Number 4. Wilmington, October, 1883. Vol. 12.

ORIGINAL COMMUNICATIONS.

AMPUTATION OF THE REDUNDANT SCROTUM FOR VARIOCELE.

By A. H. Goelet, M.D., New York.

This operation for variocele will, at once, recommend itself to the practical surgeon as presenting greater chance of permanent relief, with less risk to the patient at the time of the operation; and, in subsequent life, less inconvenience.

A careful study of the whole lesion will show why ligation of the spermatic veins will not affect a cure. The scrotum has become enfeebled and elongated and the testicles have lost their natural support. This elongation remains after ligation of the veins. Variocele may develop on the opposite side in consequence, and another operation become necessary.

Atrophy of the testicle and loss of function often follows ligation, and the operation is not free from danger; phlebitis often resulting.

If the operation be performed on both sides loss of virility would almost surely follow.

Patients suffering with this disease say they feel perfectly comfortable with a well fitting suspensory bandage, because the testicle

is supported; but it is annoying to be always obliged to wear it, and it is impossible to keep it properly adjusted so as to give the necessary support.

The operation here suggested: Amputation of the Redundant Scrotum, by shortening and lessening the capacity of the bag, converts it into a natural suspensory, which supports the testicles and relieves the strain on the veins.

This relieves the cause of the inconvenience, the blood returns more freely through the diseased veins, the walls of which regain their resiliency; and the testicle gradually resumes its normal condition. If hydrocele be a complication, as it often is, the fluid escapes at the time of the operation and a cure is effected.

The operation is easy of performance with the proper appliances, and free from danger. The edges usually unite by first intention, and in a week or ten days the patient is able to go about again.

This operation was first suggested and performed by Sir Astley Cooper, but to Dr. M. H. Henry, of this city, is due the credit of popularizing it. He has devised an excellent clamp without which, the operation would be clumsy and unsatisfactory. It consists of two curved blades about ten inches long, the inside surfaces of which clamp the scrotum being serrated to prevent slipping. A thumb screw at either extremity produces the requisite amount of compression.

The testicles are pushed up as far as possible and the loose scrotum flattened out antero-posteriorly and the clamp applied close up. There is more danger of taking off too little than too much. fore the serotum is amputated the sutures are passed in behind the blades of the clamp which gives a hold of \(\frac{1}{4}\) of an inch. It generally requires from 10 to 15 sutures. Hare-lip pins are sometimes used and as each pin is inserted a small cork is pressed upon the sharp point to prevent its slipping out when the clamp is removed. Silver wire may also be used and twisted loosely over the clamp after the scrotum is divided. When other sutures than hare-lip pins are used it is better to use an extra blade which is furnished with the clamp and attached to the outer or convex surface by means of a slide spring at either extremity. A space is allowed between this blade and the clamp proper, for the passage of the sutures in front of the clamp. The tissues being severed on a level with the outside border of this extra blade. This can be more easily slipped through the loosely twisted sutures.

I think the silk worm gut sutures superior to either of the above as it does not cut through the tissue and become loose, does not irritate, and can be left in for an indefinite period without being absorbed like most animal ligatures. This passing of the sutures before the amputation avoids the necessity of handling the parts and lessens very much the risk of the operation.

After all the sutures have been applied the scrotum is divided close to the clamp (or, if the extra blade is used, on a level with that) with a pair of strong curved scissors or the knife.

If the twisted wire suture be used it may be twisted up before the removal of the clamp. But the lower one is left loose to allow the escape of any fluid which may be within the cavity of the tunica vaginalis. When hare-lip pins are used posterior to the blades, the clamp is removed and a figure of eight ligatures applied around the pin to draw the surfaces into apposition and the points of pins cut off. Some venous hemorrhage will take place from the scrotal veins when the clamp is removed, and a good deal of swelling and discoloration of the scrotum will follow, caused by the venous blood left in the scrotal veins. The best application for this is a piece of lint wet with a solution of ammonia muriat, 3 i to the Oss of cold water frequently applied. If thought necessary strips of rubber adhesive plaster may be applied between the sutures to prevent too much strain on them.

It is advisable to continue the use of a suspensory bandage for a few months after the operation.

A case of variocele of 15 years standing sent to me recently by Dr. Cobb, of Goldsborough, N. C., and taken into my private hospital was operated upon in this way with perfect success. He expressed himself as perfectly satisfied with the operation and its result. He says he does not feel the dragging, dull pain and aching with which he suffered before the operation even when wearing a suspensory.

Some have been operated upon who had the veins ligated previously and there was return of the trouble. They say after this operation they have permanent relief.

Out of fifty operations there have been no unfavorable result. 243 W. 54th Street.

DIPSOMANIA.

From Ball on Mental Diseases—Continuation of General Subject of Alcoholism.

A. A. GLEASON, (Translator).

[Continued.]

The greater part of dipsomaniaes have a special character; they are eccentric, and the line of their conduct is far from offering a regular course. They are fantastic, excitable, often cruel and sometimes quite insane. At the same time there are patients whose intelligence appears absolutely normal and presents no irregularity in the intervals of attack.

The approach of the crisis is marked by profiroma which scarcely ever fail save in absolutely acute cases. The patient feels a vague discomfort, he is restless, he has causeless fears, he allows himself to be overcome with sadness, and often shows suicidal ideas. This is why, doubtless, M. Magnan* in a recent article considers the dipsomaniae as a variety of lypemaniae.

That, gentlemen, is a radical error, for if we could unite under lypemania all the physical states characterized by depression, there would no longer be any place for distinct categories in mental medicine.

Dipsomania as a neurosis whose course, evolution and symptoms distinguishes it clearly from lypemania.

It differs equally in grave physical symptoms, and if it could find a place among ancient classifications, we should prefer, with Esquirol, to call it, the *monomania of intoxication*, and range it among the partial deliria.

But following our clinical study.

To the psychological troubles that we have just pointed out are joined a train of physical phenomena.

We find first a feeling of muscular weakness which helps to produce an incapacity for work the intensity of which is aggravated by the moral state.

The subject feels a tendency to syncope; in fine, he is tormented by dyspeptic phenomena which soon come on to rouse the morbid

^{*}Archives de Neurology, p. 57.

impulse. The patient thinks of drink either to renew the languishing appetite, or to repair his strength, or in short, to escape the sadness or discomfort more painful. I knew an English officer who had been expelled from the Indian army for dipsomania; questioned during an interval of lucidity, he assured me (as almost all dipsomaniacs do) that he had no taste for spirits and that even the taste of brandy was very disagreeable to him. He drank, he said, to escape a feeling of overwhelming and ceaseless terror.

When once he became a prey to this agony nothing could prevent his drinking, and his will was absolutely paralyzed.

However, with the greater part of dipsomaniacs resistance is possible at the outset but very soon the attack becomes aggravated, the impulse irresistible, and the patient becomes furious when his wishes are opposed. He has recourse to the most diverse stratagems to satisfy his passion.

One patient, whom I knew, drank cologne-water, which he purloined from his mother, another poured out the contents of an alcohol lamp.

The English officer of whom I have spoken to you, had, in his lucid intervals, such a desire to be well, that he caused himself to be confined in a sanitarium in order to control himself; but when the attack came on; he corrupted the domestics and found a way of satisfying his passion. One of the most curious examples of this tendency to self-deception, is that of a very distinguished man, who, after the death of his wife, became a dipsomaniac.

To reform himself he had sent for one of his cousins and had given her the key of the wine cellar; but it was soon perceived that, in spite of the watchfulness of this lady, he continued to get drunk. They sought everywhere to find out his way of getting spirituous drinks, when one fine day they saw that he had made a false key, thanks to which he could outwit the precautions that he had taken against himself.

Once the dipsomaniac begins to drink, he is started on a down grade where he cannot stop himself;* not only does he soon become intoxicated, but often he abandons himself to debauches most shameful and insensate.

^{*}I know an English lady who is taken with an attack of dipsomania every time she happens to take a glass of wine or taste any sort of alcoholic drink whatever. During her lucid intervals she never drinks anything but water.

He forgets all obligations, all the duties of his position in society, and if he lacks money, he sells, at no matter what price all that comes to hand.

At the same time there are some dipsomaniacs who have a certain control still left, and we may in this respect divide them into two classes; the *cynical* and the *mysterious*.

The cynic dissimulates nothing; he frequents openly the saloons and restaurants, exhibits everywhere the spectacle of his intoxicacation and accepts the first comer as a companion in his orgic. Anstie reports an observation on a large manufacturer in the north of England who seized from time to time with attacks of dipsomania went and publicly got drunk with women of bad character, without the least care for his reputation or business. The attack lasted about six weeks. Once the seizure terminated he became again a respectable man, and took up again the course of his work, as if nothing had happened.

The subjects of this variety are evidently unconscious to a certain extent and it is with them above all, that the *alcoholic amnesia* of which we have already spoken is manifest.

An American author, Crotchett, reports a singular example.

A farmer, subject to dipsomania, but skilful in business, saw that, from the outset of an attack he lost all memory of the bargains that he had concluded during his alcoholic excesses, which did not (however) prevent him from working as usual. More than once serious losses resulted. He then took up the habit, while drinking, and noting scrupulously on his ledger all that related to monetary questions; on coming out of the attack, he woke up, so to speak, having lost all memory of what was past, but having a written witness which enabled him to keep order and regularity in his accounts.

The patient whom I have presented to you is a remarkable example of this form of amnesia.

The mysterious or shame faced dipsomaniacs on the contrary, envelop themselves with precautions and try to keep their habits secret. More than one life, regular in appearance is marked by crises whose gravity no one suspects.

I knew an active man, intelligent, and one carrying on extensive business, who lived in a fine and well kept locality.

Nothing betrayed the least irregularity in his conduct, except his frequent absences, easy enough to understand in a celibate, and during which, no one knew where he had gone.

Those who might have sought to follow his tracks would have found him in a vulgar lodging room without furniture, where he got drunk, solitary and silent, seated on a cane bottomed chair before a wooden table. Such was the mysterious "liaison" which caused his absence. No woman was mixed up with the affair, which explains without doubt why the secret had been so well kept up to the moment when a grave and rapidly mortal disease has come to derange his precautions and reveal the vice which he had so long dissimulated.

But an attack of dipsomania does not last forever. After a very variable period, some days, some weeks, some months (Esquirol) the patient wakes, the impulse is relieved, repentance comes. It is accompanied by a dyspepsia often intense and a profound disgust for drink. Often, like our typographer, the patient deprives himself entirely of fermented liquors during his entire lucid period.

The intervals of sobriety have a variable length, they are sometimes very prolonged. While I was house physician at Bicêtre, the gate keeper of this establishment was subject to attacks of dipsomania which returned periodically every six months. I have seen him for eight or ten days in an indescriable state; coming to his senses again, he drank only water until the return of the following attack.

But, in the greater number of eases, in ratio as the malady becomes older, the lucid intervals become shorter, the attacks more frequent. We come then to the quotidian type of the English authors in which the patient gets intoxicated every evening and repents every morning, forming then resolutions of sobriety which last until the first afternoon hours.

The choice of drinks varies according to the individual. The dipsomaniac in full tide makes use of all alcoholic liquids which come to hand, but when he is free he gives the preference to some particular drink.

- For one it is alcohol in its diverse forms, kirsch, chartreuse, brandy and above all absinthe; for others, it is wine, sometimes red, sometimes white. I knew a journalist who, during an attack, got drunk on enormous quantities of red wine; I love it madly he said, and he pretended to have drunk up to 24 litres in one day alone.

We also see certain dipsomaniaes get mellow on beer; finally we must reserve the place of honor for sulphuric ether drinkers who are incontestably real dipsomaniaes, and to those subjects who become intoxicated on chloroform ether by the way of inhalation, or by direct ingestion. It is well to know that these latter have often paid for their imprudence with their lives.

Let us rapidly point out the complications which may accompany dipsomania. We often see this state united to a life of genital excitement above all in women who are sometimes attacked with a true uterine mania during their attacks of dipsomania.

We see other subjects presenting, in these circumstances, an irresistible tendency to theft, to murder, to anthropophagy.

Esquirol cites the case of an idiot who, after alcoholic excess was attacked with pyromania. But what is most frequently observed in a like ease, is, the impulse to suicide.

Let us now see what are the causes which determine this singular form of delirium under irresistable impulse. We must, in the first place point out heredity taken in the largest sense.

The case is not in fact of direct and similar heredity; but we may encounter in the ancestors of a dipsomaniae all the varieties of mental alienation and all the preturbations that the immense domain of neuropathy offers. Dipsomania presents itself then under the form of a hereditary neurosis, obeying the law of transformation which reigns in such a large number of similar cases and which modifies in children, the morbid type of which their parents have offered an example.

Coming then to alcohol and habitual abuses. We have here to do with acquired dipsomania, the form accepted by English authors. and which is not generally admitted by French observers. We have explained our views on this point already.

We believe that among professional drunkards, those subjects who still keep a certain degree of control, and who may, by an effort of will, keep themselves from the habit, provided at the same time that circumstances favored them.

It is evident that we should not confuse them with those who sulmit to the fullest extent to the tyranny of the habit, and who without being spontaneous dipsomaniaes have ended by losing their moral liberty, and by experiencing from time to time the irresistible desires which render their restoration impossible.

We will point out in turn all the causes of enfeeblement.

The puerperal state, abundant hemorrhages, great wounds, solitude (Browne) in short, excessive labor disappointments, poignaut

anxieties which may waken this morbid disposition in subjects previously reasonable and well behaved.

With women we must take into account all the antecedents of genital life; menstruation is often the occasion for such disorders; the menopause in its turn may mark the outbreak of dipsomania; we see it develop at the first confinement, with pregnant women, and in lactation. The very pronounced taste in the great number of wet nurses for alcoholic drinks is not, perhaps, always a simple question of gourmandizing.

Finally in the two sexes, the beginnings of mental alienation are often marked by an attack of dipsomania. Esquirol has reported the history of a lady attacked with intermittent insanity whose attacks were always preceded by a period during which she, manifested an irresistible impulse toward intoxication. We know that the outset of general paralysis is very often marked by an analogous tendency.

Is it difficult to establish the diagnosis of dipsomania?

It seems at first that nothing could be easier than to recognize a morbid inclination which comes, so to speak, to announce itself; and nevertheless, we meet here, as elsewhere, very real difficulties.

Knowing in the first place how to recognize it, there are dipsomaniaes who conceal so well their inclination that they succeed in putting all our suspicions to sleep.

We observe then, at a given time, strange fantastic phenomena, and, when finally we are on the scent of alcoholism, it is in watching very closely these subjects that we succeed sometimes in surprising their secret.

But in cases where dipsomania is openly shown, we must first know how to distinguish the excess which often marks the onset of insanity and above all of general paralysis.

It is the previous course of the disease which may, above all, here enlighten us. As to the immediate diagnosis it will be founded on the antecedents of the patient, on the clearly accentuated intermittance of the crises of alcoholism, in short, on the psychical and physiological disorders which manifests themselves early with the truly alienated.

The dipsomaniae, in fact, presents no delirium beside intoxication, which results directly from his excesses and once sobered, he is perfectly reasonable, and well in general, except the dyspepsia which is the immediate consequence of his habits.

Finally, we must not confound dipsomaniaes with professional drunkards. The latter give up to drink whenever they find the occasion, but they do not feel this irresistable desire, oftenest the result of an hereditary predisposition, which tyranizes over its subject to the point of his losing all moral liberty without, however, acting upon the faculties of reasoning and intelligence.

At the same time we admit, with the English, that drunkenness ends in a career of irresistible impulse, and we will willingly admit that one of the greatest dangers which menace the drunkard, is that of becoming a dipsomaniae.

The prognosis in dipsomania is absolutely hopeless, above all if we have to do with hereditary and spontaneous vice, and not with acquired habit. These patients are never cured, and notwithstanding the means of treatment are as various as numerous.

First, we must attack the dyspepsia, habitual consequence of alcoholic excesses, inasmuch as, according to the English, certain forms of dyspepsia are the most powerful predisposition to dipsomania. They prescribe nitrate of silver, revulsives, bitter tonics, in short an appropriate regimen.

Bitters have been also greatly praised as acting directly on this neurosis. They claim to have obtained good results from the use of strychnia and nux vomica. Sometimes opium has caused a temporary amelioration.

Finally, hydropathy, clearly indicated in all nervous affections, seems destined here to render real service.

But, of all the means in use, there is but one, the efficacy of which is absolutely certain, it is isolation, sequestration. Deprived of his liberty, separated from the alcoholic stimulants which he does not know how to dispense with, the patient comes to his senses fully and torments the physician to get his release. It is then that he must be armed with firmness for if there is a chance of health for these patients it is found exclusively in long sequestration, I would almost say indefinitely prolonged.

[&]quot;The blood is a slowly burning liquid, 'the oil is the flame of life,' "—Kingzett's Annual Chemistry.

SELECTED PAPERS.

CLUB-FOOT; SIMPLE MEASURES FOR ITS EARLY RELIEF.

By DeForest Willard, M.D.

The object of the present paper is merely to bring to the attention of the Society a few facts with which all are perfectly familiar, yet the importance of which seems frequently to be overlooked, even by experienced practitioners. It is not an uncommon occurrence to have able and skilled physicians send little patients to my office, whose feet have been neglected for six, ten, twenty, or even more months, the only explanation for such abuse being that they were "waiting for the child to be old enough for operation."

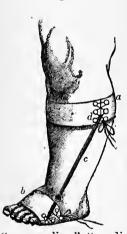
During the waiting process, the contracted tissues have become more dense, the enfeebled muscles more relaxed, and the bones themselves badly distorted and wedge-shaped, especially after the weight of the body has been made a causative agent in the deformity. The soft condition of the bones will permit even the constant dragging of the clothing to convert a moderate degree of obliquity into one of severe type.

My desire is to demonstrate that simple treatment can be so readily and easily applied by every one that it should be instituted at the very hour of birth, and should be continuously employed until a cure is effected, either with or without tenotomy. Any one taking a case of moderate talipes in his hand, will perceive that slight traction will greatly improve its condition, and he will also note, that, if hand-pressure could be continuously applied, the deformity would be permanently cured. As this is impossible, however, we must approximate this action as nearly as possible, by instructing the mother or nurse to stretch every contracted tissue, whether fascial, muscular or ligamentous, at least twenty times a day and to the full limit of the child's endurance. At the same time, the weakened muscles must be stimulated to activity, by the use of massage, friction, electricity, etc. Intelligent manipulation is safe, easy and effectual, and all forms of mechanical assistance must be so contrived that the considerations mentioned can be secured. many experiments I have been able to carry out this idea in the most simple manner, without the use of rigid braces, with no danger

of sloughs or excoriations, and without interfering with the normal and healthful action of the muscles. Furthermore, the apparatus acts continuous during the relaxation of sleep; is easily removable for massage, friction, etc.; can be worn inside an ordinary shoe; does not absorb urine or feces; and above all, permits the mother to rectify the deformity by hand-pressure without removal of apparatus, whenever the child is in her lap.

The cost is but a trifle, as it consists only of two strips of printer's blanket, two-ply" (gum with cloth facing, or ordinary gum blanket will answer), two to three inches in width, and of length as required, togeher with a gum band such as is used for inclosing packages of papers. A shoemaker will insert eyelets or

Fig. 1.



lace-hooks into these strips in five minutes, and one is then laced upon the leg below the knee with the gum face inward (Fig. 1, a), the other around the anterior part of the foot, b, if the case be one of varus. Between the two is stretched the gum band, c, the strength depending upon the age of the infant. Sizes, $0\frac{1}{4}$, $00\frac{1}{2}$, $000\frac{3}{4}$, 00001, or five inch will answer. The advantage of girths of printer's blanket over cloth or wet sole-leather similarly prepared, consists in the fact that at the temperature of the body they become slightly ad hesive and do not readily slip. Should the encircling bands show this tendency, however, sheet gutta percha softened in hot water, or

"gum soling" "medium grade," can be used for cinetures, which will effectually check such turning. All of these articles can be obtained at trifling cost by writing to the Goodyear or National Rubber Company stores in any city. The adhesive property of the gum prevents the necessity of lacing tightly and thus interference with circulation is avoided, while frequent washing of skin and apparatus will prevent execuriation. In infants, eyelets are better than projecting lace hooks, and the gum traction bend can be secured by the lacings, d; a slit cut in the shoe allows exit for this band, yet is very inconspicuous. The pulling power can be increased as rapidly as the straightening advances; and by the time the child is able to walk

Fig. 2.

it will be discovered, in moderate degrees of deformity, that tenotomy, at first thought inevitable, will be unnecessary, and even if required, in severe cases, the manipulations and stretching will have so assisted the operation that relapses will be far less frequent.

I maintain that before the physician leaves the house after the birth of a child, he should enroll the deformity with his hands, and fix it, either by carrying an adhesive strip around the anterior part of the foot and up the side of the leg, and by binder's board or sole leather cut roughly into the shape of a boot split in the median line, then wet and moulded into position. At this time also measurements should be taken, and at the next day's visit after a few moments' work, at the shoemaker's, sole-leather encircling bands can be wet and applied, even if the rubber or printer's blanket cannot be secured for a few days. If gum bands are not at hand, any elastic material will answer temporarily for the traction power.

The cheapness, the effectiveness, and the simplicity of this dressing will, I think, commend it to your considerations, especially for poor patients. When the individual can afford an apparatus, the same principle can be carried out by the plan adopted by the author of riveting an arm to the ordinary stirrup used in steel uprights for club-foot shoes, at the end of which arm is an eye (Fig. 2, a), through which plays a catgut cord attached below to the shoe opposite the

heads of the metatarsals, above to an elastic webbing (b), running up to be fastened to a button at the top of the upright. An inexpensive joint, which permits motion in every direction upon the ball-and-socket principle, is formed opposite the medio-tarsal articulation by simple paring down the sole for a half inch in front of the stirrup to the thickness of a sheet of paper. If the child is a not walking and there is consequently no danger from the introduction of dampness or dirt, the toe portion of the shoe can be made separately from the heel, being joined to it only at the sole, and there by means of a strip of soft upper leather. Such a shoe costs but little, and fulfils most simply

and perfectly the indications required, i. e., the rectification of the deformity at the calcaneo-cuboid and astragalo-scaphoid articula-

tions and the stretching of the plantar fascia and contracted gastroenemius and soleus, should the case be one of varus.

This shoe also permits the mother to correct the deformity by hand-pressure many times daily, without removal of apparatus, and it can be taken off in the morning and evening for the institution of those most important measures, friction, electricity, shampooing, etc.

The advantage of the plan above mentioned over that of fixing the foot is self-evident, but when, through ignorance or inattention, manipulations cannot or will not be carried out, some improvement can be gained each week by the repeated applications of plaster-of-Paris dressings, which shall keep pace with straightening as it apvances, each one being brought into a position more normal than its predecessor. Such a dressing unless cut open, cannot be removed for the daily stretchings, but it has its application in certain cases as named above. Silicate of soda, glue, starch, or any stiffening material will answer, but are not equal to gypsum, as the foot must be held in position during the "setting" of the material, and nothing hardens as rapidly as plaster, especially if table salt is added to the water.

If these rigid dressings are preferred by any one to the elastic traction, the foot can also be fixed by sole-leather moulded to its side; or felt, binders' board, sheet lead, tin, etc., can be employed for the same purpose. They are all open to the objection that, although removable, they prevent any manipulations while they are in situ, and few poor mothers can afford a dozen times a day to take off even a simple contrivance. Moreover they are easily rendered foul in infants, and weaken rather than develop muscular fibre.

Barwell's dressing becomes speedily soiled in young children, and even in older subjects, while fulfiling the indication of clastic tension, it absolutely forbids the more necessary one of friction, massage, etc., without which but little permanent good can be obtained, since the enfeebled muscles are the ones which most need our eare and attention. Neill's talivert is also only serviceable for temporary use.

Should these means fail to overcome the deformity, subcutaneous division of the contracted tissues can be performed, followed by the use of the same measures as before mentioned. The preliminary

treatment will prove to have been of immense advantage in preventing those relapses which are so common when physician and patient are impressed with the false idea that tenotomy is the principal means of cure for club-foot. The object of this paper, however, has been to discuss talipes only from the stand-point of simple and inexpensive measures for early relief.—Extracted from the Transactions of the Medical Society of the State of Pennsylvania, for 1883.

CASE OF TESTIS IN PERINEO, COMPLICATED WITH CONGENITAL INGUINAL HERNIA AND ACUTE OR-CHITIS.

By J. ALEX. WILLIAMS, M.B., M.R.C.S.Eng.

"The patient aged two years was admitted on September 15th, 1882, into the Royal Portsmouth Hospital, under the care of Dr. Lloyd Owen, by whose courtesy I am permitted to publish the case. The mother then gave the following account of his case. A lump had been observed in the right groin from birth. It was about the size of a small hen's egg, mobile, and often slipping into the abdomen. A medical man, whom she consulted, said the child was ruptured. The parents had noticed the absence of the right testicle from its proper scrotal pouch, and the child was often observed to be fretful and peevish without obvious cause. A few hours before admission, the child came in from play crying, when the mother noticed an increase in size of the lump; and thinking it had met with an injury, brought it to the hospital.

"When examined, a large sausage-shaped swelling was observed in the right inguinal region, extending downwards into the perineum to within half an inch of the anus. A distinct sulcus was visible externally, separating its upper and middle thirds. The upper portion was tense, resonant, and presented the ordinary appearances of hernia. The lower was ovoid, dull, fluctuating, translucent, and evidently contained fluid. The scrotum was well formed and symmetrical; the rugæ well marked. The left testicle was normal in every respect; the right was absent from the scrotum, and could

not be felt. Examination of the swelling appearing to cause much pain, chloroform was administered, and the taxis applied to the upper portion, but without success. The lower portion was now punctured, and about an ounce of straw-colored flaky fluid was withdrawn. This, upon standing, coagulated, and was evidently of inflammatory origin. This portion of the swelling was then very much reduced in size; but did not entirely disappear. The taxis was then reapplied to the upper portion, which was now easily reduced with distinct gurgling. The testis was then thought to be indistinctly felt in the perinæum. The child was then placed in bed, and had lotion applied locally. Next morning, the nurse reported a reappearance of the swelling, when, upon examination, a lump about the size of a hen's egg was observed in the right perinæum, extending posteriorly to within half an inch of the anus. It was irreducible, but mobile, and very tender upon the slightest pressure. It had the feeling and general outline of an inflamed testicle; and the cord slightly enlarged, could be felt extending from the swelling up to the groin. The skin over the swelling was slightly reddened. The bowels were naturally opened, and there was no return of the hernia or hydrocele.

September 17th. Ice was now applied locally, and the swelling subsequently became reduced in size and less painful.

September 30th. The child looked pallid, and appeared to have suffered much pain. The testis now felt hard, smooth, ovoid, measuring two inches in its long diameter; it had become fixed, and the tissues covering it were slightly thickened by the recent inflammation. It was less painful upon manipulation than formerly. The cord felt running up to the groin was not appreciably enlarged. The right inguinal canal was rather patent, and invagination of the skin caused considerable pain. The right scrotum remained empty; the left contained a testicle.

October 1st. The patient was discharged, the mother being told to bring it to the hospital for periodical examination; at the same time, it was suggested that the testicle ought to be excised, if the child continued in pain or had its natural movements impeded.

January 26th, 1883. The right testicle is still in the perinæum, of normal shape and size; there is now only a slight perineal prominence to indicate its position. The hernia is constantly slipping up and down. The left testis is normally placed in the scrotum. The child enjoys good health. He plays much without pain or inconvenience."—British Medical Journal.

SEA-SICKNESS.

By R. VACY ASH, M.B.Aber., L.R.C.P., Lond.

In this paper Dr. Ash observes, "I have an idea that the sympathetic nervous system is the culprit, for the following reasons:

- 1. Flushing of the face is a common sign of the approach of nausea, and we all know that irritation of that nerve will cause this, as well as an extra-secretion in a gland.
- "2: There is an increase in the quantity of fluid ejected from the stomach after it has lain there for a short time. In my own case I frequently noticed, and I subsequently verified it in many others, that if I took half a cup of beef-tea, and lay in the horizontal position for a time, so as to avoid vomiting, when I did again vomit, when the exhausted muscles had regained their tone and were ready for another attack, the quantity ejected was greatly in excess of that taken in. For instance, if four ounces had been drunk, about twenty ounces would be ejected, of a sour beef-tea liquid. Now, whence did the surplus come? That it was gastric juice, may, I think, be taken for granted; for, although I had not the means of chemically examining its component parts, it certainly partook outwardly of the character of that juice, inasmuch as it would dissolve meat and had an acid reactior, and it did not contain any special features that would lead to the supposition that it came from other gastric organs.
- "Granting then that it was gastric juice, it follows that secretion, induced by the presence of the beef-tea, was in action, while the balancing power of absorption was held in abeyance. Now, if we follow this out we shall see that the sympathetic nerve-power was acting regularly; for secretion of gastric juice is governed in the follicles by the latter, while absorption of fluids direct by the veins which are governed by the former is held in abeyance, or, in other words, paralyzed. I do not say that it is so, I only throw these faction out for others to corroborate, or not, as the case may be. Whence could the increase in the quantity of fluid have come? It must have been taken in some way from the blood; and what so ready to do so as the gastric follicles, stimulated into action by the presence of the small quantity of beef-tea?
- "Now, as to remedies. If my observations be correct, any drug or remedy acting on the sympathetic nervous system would cure this

tiresome complaint; ice to the spine may so act, as well as the remedies mentioned by Mr. Kendall, in a more direct way. The teaspoonful of Worcester sauce, which, I have found useful, may owe its efficacy to the hot condiments contained therein, and I imagine it to be possible that they act through the sympathetic in the coats of the stomach. I know that the majority of the quack remedies for sea-sickness contain a mixture of nearly all the carminatives, and condiments under the sun, with the hope that one out of the lot will hit, and they do hit, or rather temporarily relieve; as cayenne pepper and Worcester sauce will do. There is one mode of applying remedies that I should like to see tried by some one who would honestly take the matter in hand; and that is, the introduction of certain remedies by subcutaneous injection, for it necessarily follows that, if my idea be correct and absorption be held in abeyance in the stomach, it is of little use to pour any medicine into that viscus when it is impossible to be taken up by the blood."—British Medical Journal.

THE SCALENI FOR HEMORRHAGE FROM A GUNSHOT WOUND—RECOVERY.

Dr. Middleton Michel, of Charleston, S. C., reports in the American Journal of the Medical Sciences for October, 1883, an interesting case, exhibiting an exceedingly rare cause of hemorrhage from gunshot wounds, which is scarcely referred to by systematic writers on surgery; as when an artery in the vicinage of a shot-wound loses its vitality at the time of injury, through shock, and subsequently, more completely through prolonged contact with morbid products in the contused and lacerated wound, shares in the general disintegration of the surrounding structures, and yields, in the course of time, to blood-pressure, giving rise to the rarest form of hemorrhage, which, from its suddenness, is most alarming.

The management or wounds liable to involve the great vessels at

The management or wounds liable to involve the great vessels at the upper part of the chest is perhaps, the most important field of study for those who occupy themselves with questions of what the French term la haute chirurgie. It is quite time that the dictum of Jourdan that surgery is powerless in lesions of arteries within the cranial, thoracic, and abdominal cavities should be expunged from the text-books. At least five cases occurred during the late war, of wounds of the subclavian, in which surgical intervention was justifiable, and in one, the case just reported, the left subclavian was successfully tied by Dr. Michel, for a wound of the vessel where it passes across the first rib. Though such lesions are immediately mortal in the majority of cases, there are instances in which the bleeding is delayed or arrested, the laceration of the artery being obstructed by spiculæ of bone, or by the missile, or a fragment of clothing, or other foreign substances. In such cases, audacity is the part of prudence.

Poisoning by Illuminating Gas Successfully Treated by INHALATION OF OXYGEN. - Dr. Alonzo Clark reports the cases of a INHALATION OF OXYGEN.—Dr. Alonzo Clark reports the cases of a woman forty years old, and her daughter twelve years, who had been exposed for fifteen hours in a room filled with illuminating gas. The mother was found to be suffering from pulmonary ædema; the radial pulse was scarcely perceptible; she was unconscious and cyanotic; her extremities were cold; there was rismus with rigidity of the flexor muscles; the urine was passed involuntary; the pupils were slightly contracted and a frothy mucus issued from the mouth; her temperature was 96.5° F., and her respiration 40. Inhalation of her temperature was 96.5° F., and her respiration 40. Inhalation of oxygen was kept up for three hours. In addition, dry cups were applied over the chest, and tincture of digitalis was given endermically in all to the amount of thirty minims. Whiskey was also given subcutaneously, and hot water bottles were applied to the extremities. Occasionally the patient was aroused by flagellation. This treatment extended over a period of four hours, at the end of which time the woman began to show signs of returning consciousness, the pulse became more perceptible and regular, warmth returned to the extremities, and the temperature and respiration were found to be normal. The next day the patient was able to tell her own story, and was soon afterwards discharged. The treatment of the other case was the same, except that in addition a hypodermic injection of a sixtieth of a grain of sulphate of atropine was given. She also a sixtieth of a grain of sulphate of atropine was given. She also recovered—Boston Medical Journal.

MENSTRUATION AFTER EXTIRPATION OF THE OVARIES.

Dr. Henry F. Campbell, of Augusta, Ga., read a paper before the. American Gynecological Society entitled "Menstruation after Extirpation of the Ovaries." The influence of the ovaries in normal menstruation was not questioned, but the object of the communica-, tion was to suggest a possible explanation of those cases in which menstruation has persisted after their removal. Where a menstrual aischarge has recurred regularly after the performance of double evariotomy various explanations have been offered to account for his occurrence; it has been attributed to the habit of periodical. plethora, to disease of the uterus, and recently it has been held to be due to the incomplete removal of the Fallopian tubes, which are claimed to be the real inciter of the menstrual nisus by Lawson Tait. Without denying or accepting any of these as the sufficient explanation, the lecturer offered another which had not been hitherto noticed, or received proper attention. Taking into consideration the importance of the ovaries in normal menstruation, it might be anticipated that their removal would affect this function, and that it would be likely to cease, as it usually does. But it is known that conditions-of the mammary gland exercise an influence over menstruction, and mental emotions also can affect it. If these remote causes may bring on or check menstruation in a healthy subject with, active ovaries, it proves that there exists somewhere in the body behind the ovaries, inciter points to menstruation, a centre presiding over this function in the cerebro-spinal system, which may continue to produce periodical congestion of the uterine mucous membrane, and a sanguineous discharge after the ovaries themselves have been removed. If such inciter points exist it is possible that, for some, reason, they may continue to act upon the uterus after ovulation has ceased.

The following case was cited: A young girl some eight or tenyears of age, was brought to him, by her parents. They seemed very much alarmed by the fact that the child had menstruated twice, and sought an explanation. The patient was apparently a healthy child, had a good appetite except during her monthly periods, and at the time she came she had her third menstrual flow. It was a source of uneasiness and mortification to the parents,

who feared precocious development. Upon investigating the case, however, there was nothing in her conduct or in her appearance to indicate premature development, but there was some enlargement and tenderness of the breasts; the pudendum was not examined. Inquiring earefully if there had been recent illness, the parents said that she had never been sick but always healthy, and had never had anything but mumps in her life; closer questioning revealed that she had had an attack of mumps within three or four weeks. Having recently attended a case of mumps in a young man with metastasis to the testicle, he concluded that this was an analogous case, the metastatic irritation of the ovaries having excited them to premature activity and the phenomena of the menstrual nisus. He ascertained that the periods were irregular, the last interval being only twenty-one days, and that they were less marked than at first. He told the parents his view of the case, and almost promised them that it would be only a temporary condition. The results were as predicted, all the appearances of the menstrual nisus gradually subsided in the course of a few months, and finally disappeared, leaving the child as before; she returned to her normal conditions. Some years later the menses appeared at the proper time, at about fifteen years of age, and the child changed and developed into a young woman.

This case might be cited as one proving that the ovaries are the cause of the menstrual nisus, and this he would not deny; but it also proves that an influence existing outside of these organs may excite their functional activity, as well as that of the uterus, so as to determine the appearance of menstruation.

In another child seen in 1867, the child had more decided evidences of puberty; there was enlargement of the breasts, development of the nipple, enlargement of the pudendum; everything indidicated a premature condition of puberty, and there had been three or four monthly flows. There was only one way in which this ccu'd be accounted for, and this was the existence of an acute mammary abscess, which had been caused, according to the parents' statements, by the bites of the common "red bug," and subsequent scratching and rubbing to relieve the irritation. However this may be, she had the appearances of menstruation for several periods, after which the generative organs subsided to their normal state of development, and menstruation ceased with the healing of the abscess. This also

shows that irritation at another point than the ovaries may cause menstruation; that the ovaries themselves are only one link in the chain of causation of menstruation.

Another ease may be referred to in this connection. Dr. Clarke had reported it to the lecturer substantially as follows: Of two sisters in different stations of life, the poor one had a large family, the other had no children, although she was fond of them, and stayed with her sister after her confinements. She was irregular in menstruation, and suffered from amenorrhæa for a very long time. While staying with her sister she put the baby to her breast to quiet it, and in the course of a few days of this practice she found her menses returning, and on her return home she became pregnant, and was subsequently delivered of a living child. This is the statement of a gentleman of refinement and intelligence. There are cases on record in which milk has been made to flow from the breast by suckling a baby even after the menopause; he referred to a case of the kind in a grand mother who had to nurse her daughter's child.

Now we do not see in these various phenomena that there is some other influence at work, -perhaps partially, we do not say wholly, something which is to be considered in menstruation beside the ovaries and Fallopian tubes? If menstruation can occur in a child with undeveloped ovaries, or in a woman with amenorrhea, by remote irritation acting through some nerve centre in the spinal cord, it is possible that the same mechanism may act when the ovaries have been removed. Now the hypogastric plexus of nerves must have its innervation from some point in the spinal cord, and experience and observation point to the lumbar enlargement, or the crural bulb, as the precise place. This important nerve centre not only presides over the uterine functions, but receives and transmits impulses from the lower extremities. This portion of the spinal cord continues its activity after having its nervous connection separated. For instance, after amputation of the leg, pains are often complained of in the foot or toes. A case was mentioned where repeated opcrations were performed to relieve a pain not located in the stump but referred to the big-toe. The centre in the spinal cord had been long accustomed to receiving impressions from the part, and still continued to refer the irritation to that part, although the part had been removed and no longer remained in connection with the centre. This illustration is given merely to excite thought; the pains are not

referred there simply as a habit, but because this is a special centre in the spinal cord which presides over the lower extremities, and may continue active after the leg has been amputated. May it not be true that there exists in the nervous system a special centre which presides over the function of menstruation, and which may continue its activity for a while after the ovaries are removed, just as in the case of the amputated legs or arms?

An objection to this may be raised, that castration nullifies sensuality. So it does when performed in a child, because it prevents the development of the sexual system. It does not do so entirely in the adult. Ovariotomy is not performed in the undeveloped period. The organs and the nerve centres are fully developed, and have been functionally active for years; the lumbar centre has been responding to the irritation not merely of healthy ovaries, but to those organs in a diseased condition, and has thus, perhaps, become unduly sensitive. The fact to be accounted for is that for some reason or other menstruation occurs in certain cases after both ovaries have been removed. Admitting that under ordinary circumstances the ovary is the actual inciter to the nervous centre presiding over menstruation, this explanation of these cases of persistence of menstruation after double ovariotomy is submitted, that the nervous centre continues its activity, and continues to produce the periodical congestion and menstrual discharge from the uterus—Boston Medical and Surgical Journal.

THE USE OF ANTIMONY IN CERTAIN SKIN DISEASES.

Dr. Malcolm Morris, F.R.C.S.Ed., Surgeon to the Skin Department of St. Mary's Hospital, writes:

Considering the close chemical affinity of the three important drugs, phosphorous, arsenic, and antimony, it is somewhat surprising that little use should have been made of the last in the treatment of diseases of the skin. Of the three, arsenic is the one which has gained the greatest notoriety. It has passed alternately through the phases of great popularity—being considered by some a specific for every form of skin affection—and of equally undeserved

disrepute. Now, however, we are forming a more rational estimate of its value; and, while acknowledging its utility in a few certain well defined conditions, I have thought it might prove useful to bring before this Section some of the results observed during the administration of its near ally. A certain share of attention has also been paid to phosphorus, but antimony has hardly been noticed. The probable reason for this is that antimony has been looked upon as a drug to be avoided, on account of the dangerous symptoms produced by even apparently moderate doses. But the same argument that applies to arsenic, and strychnia, and other drugs, applies with equal force to antimony—that the action depends entirely on the dose employed. We find in text-books that it has two actions, in the smaller pharmacopæial dose depressant or antiphlogistic, in the larger dose emetic. But no mention is made of its alternative action in repeated small doses. The sulphide, in combination with mercury and guaiacum, is the only preparation which has been used for this purpose.

Tartar emetic, or tartarated antimony, is the preparation I have used in these investigations, the largest dose being 1-32 of a grain, or 7½ minims of the vinum, only half of the minimum dose of the British Pharmacopæia. I must mention that, in all cases in which the effect of the drug has been watched, little or no local treatment has been used.

I will state now, in as concise a manner as possible, some of the more important diseases in which I have used the drug, leaving a more complete and detailed account for another opportunity.

Eczema.—It is now several years since my colleague, Dr. Cheadle, pointed out to me the value of antimony in the treatment of the acute form of this disease. In the majority of the cases which have come under my care, its beneficial effect has been both marked and rapid. In the acute general eczema of adults, which usually commences somewhat suddenly by heat and burning on the flexor surfaces, and on other characteristic positions, and is soon followed by abundant exudation of clear fluid, and in the form known as eczema rubrum, I generally begin with four or five minims of the vinum antimoniale three times a day, increasing the dose gradually up to seven minims. After a few doses the exudation ceases and the local irritation is much relieved; but, in order to prevent a relapse, it is necessary to continue the treatment until all traces of

the eruption have disappeared. In acute eezema of children, the dose should be in proportion to the age of the child—half a minim or less up to six months, and one minim or less up to a year. As a rule, I have found both children and adults bear these quantities well, neither sickness nor diarrhea being produced. In the case of aged persons, however, the dose should not exceed three or four minims to begin with, as diarrhea may result from the administration of a greater amount.

In the subacute forms, both of children and adults, similar doses, but continued for a longer period, are necessary. In chronic eczema, especially when localized, the use of antimony is less often successful; but even in this troublesome form, it relieves the acute exacerbations, and is occasionally followed by cure when other methods of treatment have failed.

In eczema impetiginoides of children, I have noticed little benefit from the drug till the scabs have been removed, and formation of pus checked by local treatment. Simple impetigo contagiosa from a local cause is not included in this category.

In the various forms of so-called liehen that occur in children, I have found antimony in the previously mentioned doses of the greatest value in relieving the irritation—a feature in which it resembles arsenic.

Erythema.—In most of the cases of erythema met with in practice, the eruption disappears without any special treatment; occasionally, however, when the disease is continued by fresh outbursts, antimony is of great service in modifying the course and relieving the burning and heat. There is a condition which is not clearly described either in special books on the skin or in those on general medicine, that I have found to be greatly benefited by antimony, whereas it is aggravated by arsenic. The attack usually commences suddenly, with heat and burning of the skin of the face, which is followed very rapidly by great swelling, that often involves the eyelids. The smarting is severe, and pain is experienced when the part is touched. Occasionally, vesicles or bulke are formed on the swollen and inflamed skin. The patient feels ill, but there is no special rise of temperature. The disease usually runs its course in from three or four to ten or even twenty days. The chief feature of the disease is that it is almost certain to relapse. By some authorities, this is considered to be idiopathic erysipelas—the public always

eall it so; by others, it is looked upon as a peculiar form of eczema, and said to be associated with gout. I have seen several eases, and am inclined to think it may be called relapsing crythema, as it has none of the dangerous qualities of genuine crysipelas. Antimony acts in this disease as in acute eczema, by shortening the attack and diminishing the severity of the symptoms. It should be continued for a considerable time after recovery, to prevent, if possible, a relapse.

Prurigo.—In this troublesome affection, frequently met with in our out-patient rooms—the relation of which to the severe form known on the Continent as Hebra's prurigo, Mr. Morrant Baker pointed out at the International Congress of 1881—antimony is of great use. Three or four minims of the vinum, continued over a long period, allays the itching to a large extent, and often prevents the relapses of eczema. In several cases, after arsenic, iron, iodide of iron, cod liver oil and numberless other tonics had been tried, antimony was the only drug that produced any benefit whatever. When given in the before-mentioned doses continuously for more than a year, I have never seen sickness, diarrhæa, sweating, or debility; but, on the contrary, the appetite improves and the weight increases. I have not had the opportunity of trying the remedy in a patient older than 18½ years suffering from this disease; but in one particular case of that age, the benefit was most marked while the drug was being taken.

Sycosis.—I have given antimony in five well-marked cases of this disease; in four, it did not seem to produce any effect, either beneficial or otherwise; in the fifth, there was considerable improvement after the vinum had been taken a fortnight in seven-minim doses. It seemed to relieve the pain and burning; but, although the remedy was persevered with for over three months, the improvement was only temporary. The local treatment while the drug was being administered was olive-oil or vaseline. In none of these cases was there any bad effect; no depression, diarrhea, sickness, or sweating.

Urticaria.—In a few cases of chronic urticaria, I have found antimony, like arsenie, of service in cheeking attacks, so long as the remedy was continued.

Psoriasis.—Though, in the majority of cases of psoriasis, arsenic is to be preferred to antimony, I have elsewhere called attention to

the fact that, in certain persons, arsenic not only fails to relieve, but even aggravates the disease. I have, in some of these cases, tried antimony, and have noticed in a few instances that improvement took place, while in others it seemed to have no effect.

I have been obliged to condense the facts in this paper into very brief space, but two points I wish especially to lay stress on; first, that tartar emetic—in doses of 1-240 to 1-32 of a grain, aecording to age—can not only be tolerated, but seems to have a decided tonic action; secondly that it proves useful in those acute forms of skin disease that are usually aggravated by arsenic.—British Medical Journal.

THE URINOMETER.—There are some good practical remarks on the faults of ordinary urinometers, in Squibb's *Ephemeris* for September, 1883.

It is there stated that by far the largest number sold are grossly inaccurate, and almost impossible to manage with the narrow range of their utility. The chief defect which invalidates them is the cylindrical shape of the air chamber. A urinometer is figured, giving the shape of the air chamber as that of a double cone base to base—(somewhat spindle-shape). The jar is recommended to be made with indented sides, so that there can be no adhesion of the instrument to a broad surface of it, thereby facilitating a free play of the hydrometer. The hydrometer should be read from above the surface of the liquid.

We do not know where one could find a better lesson in urinometry.

CHLOROFORM WATER IN THE NAUSEA OF BILIOUS REMITTENT AND INTERMITTENT FEVERS.—This useful remedy can be easily extemporized at the bed side, by shaking a drachm or so of chloroform, in a bottle, with water, and decanting. It calms the irritable stomach, and besides is very soothing to the headache which usually accompanies these fevers.

Theoretically, the use of ergot for delirium tremens, recently recommended, is a good one.

EDITORIAL.

THE NORTH CAROLINA MEDICAL JOURNAL.

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THOMAS F. WOOD, M. D., Wilmington, N. C., Editor.

Original communications are solicited from all parts of the country, and especially from the medical profession of The Carolinas. Articles requiring illustrations can be promptly supplied by previous arrangement with the Editor. Any subscriber can have a specimen number sent free of cost to a friend whose attention he desires to call to the Journal, by sending the address to this office. Prompt remittances from subscribers are absolutely necessary to enable us to maintain our work with vigor and acceptability. All remittances must be made payable to Thomas F. Wood, M. D., P. O. Drawer 791, Wilmington, N. C.

ENDERMIC USE OF THE OLEATE QUININE.

In the July Journal (p. 23) we recorded some notes on the endermie use of the oleate of quinine, which left some doubts as to its absorption. In a discussion before the Medico-Chirurgical Society of St. Louis (Courier of Medicine, St. Louis, October) Dr. Hardaway quotes our remarks as negative testimony against the oleate, and so indeed it seemed. The testimony we offered, and from which he quoted, was put before the profession in the beginning of the malarial season, in order that a large number of experiments might be attempted, and so accumulate data for the future.

We have had some recent experience, which although confined to one ease, tests the matter very thoroughly. A patient having a great antipathy to quinine, was seized with a fever of a malarial type, and of great irregularity as to its course.

It was determined to attack it by the use of the oleate of quinine endermically, both for the reason that the antipathy the patient had for the remedy by the mouth and because the exacerbation was irregular, and a continuous impression of the remedy was necessary.

The oleate was prepared of the strength at first of one drachm of quinine (alkaloid) to two ounces of the acid, which was increased in strength to double the quantity of the alkaloid.

The inunctions were done at intervals of eight hours, consuming the two ounce mixture during that time. The patient recognized cinchonism distinctly, but as the temperature occasionally reached 102.5° in the afternoon, the stronger oleate was applied. From this time daily tests were made of the urine, and despite the abundant coloring matter contained in it, quinine was distinctly visible, by its green reaction with chlorine.

Tests of the urine were continued several days after the cessation of the inunctions and quinine was detected.

The inunctions in this case were done over a large area of surface, but particularly in the groius and the inner side of the thighs and abdomen, and covered with water-proof paper to prevent being absorbed by the sheet. The infriction was continued for a sufficient length of time to excite the skin to absorption, leaving very little unabsorbed oleate on the surface.

This case was that of an adult, of delicate blonde skin, but there is no doubt it would succeed with the same care upon most persons.

For two weeks this patient did not take a particle of quinine by the mouth, and not until convalescence was evidently near at hand was any preparation of cinchona administered.

The cost of quinia alkaloid is so much greater than that of the sulphate just now that its use is somewhat new in the practice, that it is a heavy tax on some of our patients. It will eventually become cheaper, and while it can never supersede the internal administration of quinine, it will be very largely useful in many eases.

We have said nothing of the hypodermic use of the o'eate, but we believe it will prove to be the very thing the profession has so long desired.

Delirium Tremens.—Mr. Sampson Gangee recommends for delirium tremens 20 grain doses of bromide of potassium and forty drop doses of tineture digitalis, repeated as frequently as necessary and as permitted by the general strength.

THE RELATION OF THE TEMPERATURE OF THE BODY TO THE PULSE RATE.

From the frequency of the quotation of Aitken's rule* for the estimation of the pulse rate by the temperature of the body, it must be that it is pretty generally conceded as a standard. In an article contributed to the September St. Louis Courier of Medicine by Dr. J. H. Bridwell, appears this verbatim quotation from Aitken, (unacknowledged by the author) and the Louisville Medical News of the 22d of September reprints the paragraph from Dr. Bridwell's address as though it were an original formulation of the ratio.

It is very obvious to a careful observer that Aitken's rule (we call it his, but we have not yet discovered whether it may not have had its origin with DeHaen or Wunderlich) is liable to so many exceptions, that it has to be taken with due degree of allowance.

The most obvious error in the first instance is that the range of normal pulse in the adult is very wide, and may vary from 60 to 80 in different individuals. It is quite true that each individual may have a normal standard of pulse-rate, which would reveal to the physician acquainted with it, reliable diagnostic signs. But all experience shows that there is nothing like a standard norm for the pulse rate, that approaches the precision of the norm of body temperature, which is known to vary plus or minus only a few fifths of a degree in any climate. Now to say that when we have "a temperature of 99°, we have a pulsation of 70" is subject to exceptions; thus, if the normal pulse of a given patient be 68, at 99° he may probably have a pulsation of 70, and we cannot speak more positively.

The character of the pulse in different persons is a sliding scale, and its ratio to the body temperature can only be so expressed. If 74 be the normal pulse rate at 98.4°, (about an average) then at 99.4°, according to Aitken's rule, we should have 84 pulsations to the minute, and so on increasing ten beats with every degree of higher temperature we would have at 106° about 140.

The inaccuracy here is very obvious. The pulse would vary greatly at 106° according to the character of the disease. The above ratio would hold more nearly in malarial fevers, but the pulse-rate

^{*}Aitken's Practice of Medicine. American Edition, (1868), Vol. 1, p. 63.

would, according to our experience, be rather high. In other than malarial diseases, such as peritonitis, and the exanthemata, the divergence of pulse-rate and temperature is more obvious, and would constitute an exception to the so-called rule of Aitken.

The whole subject needs a careful revision, and it is possible that a tabular view of the ratio of the pulse and the body temperature could be designed, which would furnish an approximate standard more nearly correct than Aitken's, and with this, as a starting point, the individual variations of normal pulse rate could be estimated.

MEETING OF THE COMMITTEE OF REVISION OF THE U. S. PHARMACOPŒIA 1880.

There were fourteen members of the Committee of Revision present at the meeting in Washington, on the 11th September.

It was decided that a supplement should be issued in 1885, in accordance with the original resolutions. This supplement will be short, and confined chiefly to the necessary correction of any errors, and the introduction of such new matter as seems to be demanded by the progress of knowledge. By the terms of the instructions to the committee, the supplement shall embrace only such drugs and preparations as are at least of equal rank and value to those now contained in the Pharmacopæia; and besides this matter, to contain the tables which were left out in the original work, not being completed in time.

It is proposed that all alterations and corrections of text in original plates, in the second and third editions published, be printed for distribution among persons owning the first edition. The corrections are very unimportant, and are so obvious, that none but very close readers would notice them.

Of the funds accumulated by the Committee by the sale of the work, one thousand dollars were directed to be put at interest for the use of the Committee of 1890, and that the actual expenses of members be paid, while in the prosecution of work on the Pharmacopeia.

A resolution was also adopted, offering an honorarium of \$100 to

Mr. Charles Rice, the able chairman of the Committe, for the laborious and accurate work he has done; also that an honorarium of \$100 be tendered Prof. A. B. Prescott, and \$50 to Prof. C. W. Parsons, for extraordinary services rendered. These gentlemen positively declined to receive any compensation.

The work of further revision, which will be confined to supplemental matter,—the addition of crude drugs and preparations has been entrusted to a sub-committee of the doctors belonging to the Committee.

The medical and pharmacal professions are greatly indebted to the Chairman of the Committee of Revision and his able assistants, for the high standard of scientific method they set for the work, and for the precise manner in which they carried it forward to completion. It is not too much to say that of all the pharmacopæias which have appeared recently, the Sixth Decennial Revision U. S. P. easily takes the lead.

ENGLEMANN ON THE USE AND ABUSE OF THE DANGEROUS DRUG ERGOT.

Dr. Geo. J. Englemann, of St. Louis, (Medical Times report of meeting American Gynecological Association) made some remarks upon ergot, calling attention to its powerful action, and to the danger of its abuse by nurses, midwives and the public generally. He never had any real use for the drug; its action can never be relied on with certainty. The only condition in which it might be of use is in post partum hemorrhage, and here we have safer and more efficient remedies. He would like to see the use of ergot restricted to the non-pregnant womb. It is only in the third stage of labor that the constant contraction of the womb is desirable; but even here damage may be done by ergot; the placenta may be incarcerated, and he would never advise its use until the uterus is emptied. Some of the dangers of its use are ruptures of the uterus, lacerations of the cervix, vagina or perineum, besides possible injuries to the child; and the worst features is, that the physician who gives it is generally ignorant of the damage he has done.

REVIEWS AND BOOK NOTICES.

THE TREATMENT OF WOUNDS: ITS PRINCIPLES AND PRACTICE, GENERAL AND SPECIAL. By LEWIS S. PILCHER, A.M., M.D. With 116 Wood Engravings. New York: William Wood & Co., 56 and 58 La Fayette Place. 1883. Pp. 391.

If the innovation of antiseptic surgery has done nothing else of importance, all the discussions and all the practice which have occurred in consequence of it, have more than been repaid, by the minute attention which has been directed towards the management of wounds. The innovation has necessitated the re-writing of all the best text-books, and none are so acceptable to the physician as those which give us the practical outcome of antiseptic surgery.

But antiseptic surgery is only a small part of what Dr. Pilcher

has given us in this instructive volume.

In Section II he gives us chapters on the Arrest of Hemorrhage, The General Condition of the Patient, The Cleansing of the Wound, The Apposition of the Wound-Surfaces, rrotection Against Disturbances of Healing, Antiseptic Dressings, Rest, etc., etc.

The second part of the volume is devoted to the consideration of special wounds.

Many of the illustrations are new, that is, they vary from the old stock cuts of current volumes, in going back to Charles Bell, or in drawing upon German authors not very well known to the general reader.

Dr. Pilcher is by this time well known to our readers as the able editor of the *Annals of Anatomy and Surgery*, and his name upon the title page gives us assurance of its contents.

It is one of the best volumes of this year's series of Wood's Library.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. E—Fizes. Washington: Government Printing Office. 1883. 4to. Pp. 1033.

As each additional volume of this great work appears we are more and more impressed with its completeness and accuracy. That such a work could have ever been undertaken at all is a wonder, and that it should be carried forward so rapidly surprises all who are at all familiar with the nature of such productions.

This volume "includes 4,802 author-titles, representing 1,926 volumes and 3,885 pamphlets. It also includes 12,361 subject titles of separate books and pamphlets, and 48,977 titles of articles in periodicals."

Since the third volume was issued, 167 new medical periodicals, (including annual reports of societies and boards) have been added to the list.

The list of volumes and articles on the EYE and EYELIDS takes up nearly one hundred and ten pages, while FEVER and FEVERS occupies nearly 300 pages. The "History and Statistics of Yellow Fever" is given by districts which greatly facilitates the search for any particular work.

It would be hardly possible to convey to the reader the utility of these splendid volumes, for all we can say in their praise leaves something yet unsaid, as we are daily reminded, as we consult their pages.

We trust that the future work of cataloguing and printing may be liberally provided for by Congress, and place the valuable manuscript beyond the jeopardy of fire.

Transactions of the Medical Society of Pennsylvania for 1883. -

This is a well printed and instructive volume of 516 pages. The scientific contributions are practical, and in keeping with the high standard of the medical profession in Pennsylvania.

Dr. William Varian, the learned President of the Association delivered an address which deals with some of the difficult sanitary problems of the day. Among other things he is inclined to believe that cremation would do away with some of the dangers which arise from cemeteries. "Let the crematory", he says, "take the place of the cemetery, and we will in some degree protect our children's children from being obliged to suffer the loathsome and deadly diseases which in this age afflict ourselves;" * * * "expose this same semblance of mortality to the purifying chemistry of the crematory, and in a few short minutes you have accomplished the work which has required months by the slow process of nature." * "Our cemeteries would then be lovely and healthful pleasure-grounds, where the contemplation of the last resting-places of our beloved dead would be indulged in without danger, and free from

the shuddering consciousness of the horrors of decay adding its harrowing and loathsome reminders to our grief."

We would not think that cremation would take much foothold in sober, steady old Pennsylvania, but Dr. Varian does not seem to be alone in the advocacy of this almost sacriligeous innovation.

We have shown our appreciation of this volume by reproducing Dr. DeForest Willard's practical article on club-foot, found on page 195 of this number.

What to do First in Accidents and Emergencies. A Manual Explaining the Treatment of Surgical and other Injuries in the Absence of the Physician. By Charles W. Dulles, M.D. Second Edition. Philadelphia: P. Blakiston Son & Co., 1012 Walnut Street. 1883. Pp. 119.

Several attempts have been made to prepare a volume which would leave as a handy manual for reference in the time of need, in the absence of a doctor, but none have succeeded better than the present little work. It should be in the hands of all officers charged with the public conveyance of passengers, to be read, in preparation for emergencies, and afterwards to serve as a book of reference.

THE ROLLER BANDAGE. By WILLIAM BARTON HOPKINS, M.D. With 73 illustrations. Philadelphia: J. B. Lippincott & Co. 1873. Pp. 95. [Price \$1.25.]

This is a handsome and instructive little manual on the art of bandaging. The illustrations, which are numerous and well executed, are from photographs of bandages applied to the living model. The whole work is all that can be desired, and has the additional recommendation, that its method of treatment is fresh and the illustrations a great improvement on the old cuts which have served to illustrate a whole generation of minor surgeries.

MEDICAL EDUCATION AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE UNITED STATES AND CANADA.

The Illinois State Board of Health has issued a valuable volume of nearly 200 pages, giving information as to the laws regulating the practice of medicine in every State in the Union, and in Canada, and also the names, and legal enactments respecting the medical colleges in these countries. The population in each State is given, the number of doctors practicing, and the ratio.

Respecting North Carolina we learn that there are 1360 physicians to 1,399,750, making number of inhabitants to each physician 1,029. This was probably taken from the census, and is rather under than over the mark. A late State Directory gives about 1,150, and even this list includes many who are not practising physicians.

The law incorporating the Medical Society of North Carolina and the Board of Medical Examiners.

"The Medical Department of the University was organized in 1796. This school only gives instruction in medicine, and does not grant degrees. It granted diplomas in former years. Number of graduates in Illinois, [from this school] one." Is this not a mistake? Did the University ever grant medical degrees?

We have some information as to the medical department of Shaw University. The items were obtained from the *Medical News*, Philadelphia, no information having been furnished by the President of the University.

We have never seen any authoritative account of this Medical College, but we trust that the good sense of the managers of it will prevail, and that they will allow it to cease, before much harm is done. If, as his report says, that there will be one course of instruction of twenty weeks annually, that a three years graded course is recommended, but not required, then the Shaw University is doing harm instead of good. Admitting the necessity of having negro and colored physicians, it ought not follow that they should be of a lower standard as regards medical training than the white physicians, because they have an humbler class to deal with. In fact a much larger course should be prescribed for them, as they have more difficulties to overcome; and not only this, for their own good, and for the good of the people they are preparing to serve, a wrong start, i. e., launching into a profession requiring the highest degree of inborn quickness of perception of which the higher races are remarkable, and superadded to this a long training of the senses, and an immense amount of learning, will almost surely debar them from future success.

To achieve a high success in teaching such people, a very high degree of teaching talent would have to be engaged. It is true that young men can be taught medicine in a small city like Raleigh as effectually as at the University of Virginia, provided they have teachers of like qualities, and an income sufficient to make the support

of the professors quite independent of the pay of the students. But every one knows that such conditions are far from being likely for many a year in Raleigh or any other town in North Carolina.

In addition to these requisites of superior teaching, we believe it will all fail as far as the negro race goes, without the selection of the few well chough prepared in the elementary branches be made by those about to undertake their training. It is no new experiment in this country, that of teaching this lately enslaved race the science and art and medicine, and by far the large majority of attempts have failed, and we believe that the successes are very, very few, and must necessarily be so.

We appreciate the good intentions of the gentlemen who are so generously, and we believe conscientiously, striving to work out this problem, but we believe that the harvest is yet unripe for the siekle.

But to return to our volume, we desire to express our thanks to the Illinois Board of Health for this huge compilation of matter.

ALCOHOL FROM MELONS.—M. Sebas informs the Académie des Sciences, (Br. Med. Jour.) that he has discovered the means of extracting alcohol from the fermented pulp of melons. Alcoholic fermentation does not take place in the pulp, notwithstanding the sugar it contains, until sulphuric acid is added. Five litres (quarts) of alcohol can be extracted from thirty kilogrammes (80 lbs.) of pulp.

Green overers are made so by the ingestion by the oyster of a minute microscopical organization known as mavicula ostrearis and does not perceptibly alter the flavor of the oyster.

LIFE IS THE GREAT ANTISEPTIC.—" Life and putrefaction are not correlative, but antagonistic; and in proportion as the surgeon utilizes and economizes the attributes of life, he will find himself independent of these changes which are inherent to decaying organic matter whether it be in bagging wounds or boggy lands. Life is the great antiseptic."—Gamyee's Treatment of Wounds and Fractures.

CURRENT LITERATURE.

MIGLIORANZA ON INTRAVENOUS INJECTION OF MILK, BLOOD, URINE, BILE, AND OTHER SUBSTANCES.

In 1873 Albertoni proposed the injection of whey in cholera; almost simultaneously, Hadder successfully in three out of four cases of cholera practised the transfusion of milk. Thomas, of New York proposed to substitute the transfusion of milk instead of blood, as being more safe and even more nutritious than blood. Lewis and Marvand asserted that milk need not be digested to be assimilated, but passes as such from the stomach into the circulation. This, Dr. Miglioranza, in accord with most physiologists, denies (Gazz. Med. Ital. Lombarda, May 26, June 16, 1883). Milk, like sugar and starch, which are changed into glucose, and albuminoids, which are converted into peptones, must, be subjected to the processes of digestion before they can be of use as aliment. Hence it is an error to propose the transfusion of milk instead of blood. (undigested) is transfused, the fatty and albuminoid constituents pass out by the kidneys, and do not serve as nutriment. The sugar escapes in-part in the saliva. The presence of a considerable quantity of undigested milk in the blood causes vomiting, diarrhea, prostration, and even death. The fat collects in the kidneys, and produces fatty infiltrations and chyluria. In cholera, therefore, it is better to inject whey only; in anemia, the injection of milk cannot be of service. The secretion of urine depends on the state of the blood-pressure in the Malpighian corpuscles. The increase of the blood-pressure causes the passage of colloid and albuminoid materials, and even of blood. Does therefore the fatty filtration by the urine, after transfusion of milk, depend on increase blood-pressure caused by the introduction of liquid into the circulation? The solution of this question may help to explain some cases of chylous The author finds that the blood-pressure in and albuminous urine. the capillary circulation of the kidney is not augmented, and that the filtration takes place in a state of diminished pressure; he coneludes that the chyluria and albuminuria in certain morbid states may depend on stasis and relaxation of the vessels. The sudden addition of a considerable quantity of milk to the circulation causes a fall in the blood-pressure, and considerable collapse in systolic force. Milk must be carefully filtered before its transfusion, so that the butter and milk globules, some of which are much larger than blood-corpuscles, may not give rise to obstructions in the pulmonary or cerebral capillary circulations. The transfusion of milk is always dangerous; whey may be used as Albertoni suggested; he injected 90 to 100 grammes into the veins of dogs without harm. This shows that the danger in injection of milk is not from the quantity of fluid. The undigested casein is transformed into urea, and appears as such in the urine, and therefore is of no use as an ailment. Thomas' argument was founded on the resemblance of milk to chyle, but they are really very dissimilar. In his experiments his animals did not suffer, because he only injected very small quantities of milk.

Transfusion of Blood.—The best method is that of homogeneous and direct transfusion, that is, the transfusion of arterial blood of one animal into the vein of another of the same species without exposing the blood to the air. Indirect transfusion of defibrinated heterogeneous blood.-Blood not defibrinated would quickly coagulate in the veins and causes death. The author's experiments confirm the condemnation of the method by which blood of an animal of a different kind is defibrinated in an open vessel and injected by a syringe. When a considerable quantity of blood is suddenly injected into the circulation, great plethora and intravasal pressure results; but if a corresponding amount be first taken away, the injection is well borne. This points to what is the essential indication for transfusion of blood. Where there has been great hemorrhage, the transfusion of defribinated blood, even of an animal of a different species, is of the greatest benefit. Even in these it is not invariably successful; in one experiment the animal, after apparently doing well for three days, died of melæna. This is always liable to happen after transfusion of heterogeneous blood. Prof. Giannuzzi found that, of two dogs equally reduced by starvation, that one died first in which repeated transfusion of blood was practiced.

The author's next series of experiments were to determine the effects of the intravenous injection of urine. It is of the greatest practical interest to determine whether the symptoms of uramia are due to the accumulation of the principles of urine in the blood, or to the products of the decomposition of the uring. He found that

normal recent urine, even from an animal of different species, when injected in considerable quantity, gives rise to no symptoms of uræmia, the only effect being slight increase of pulse and respiration uræmia, the only effect being slight increase of pulse and respiration from the temporary increased blood-pressure. This, again, shows that the danger in injecting milk is not owing to the quantity injected increasing the blood-pressure, but must arise from the heterogeneous nature of the undigested milk. The components of urine exist preformed in the blood, while those of milk do not. After lithotomy, the urine bathes the raw surface of the wound without harm; so, too, as is well-known, urine is an old popular remedy for ulcers, wounds, &c In disease of both kidneys, or where they are extirpated, the elimination of urea is arrested, the tissues can no longer unload into the blood the urea of their own interstitial juices, and their functions are paralyzed. Then arises a state of uremia (urine accumulated in the blood) with mixed irritative and paralytic phenomena affecting the nervous, muscular, and gastro-enteric systems, which are encumbered with urinary elements; hence vomiting, diarrhœa convulsions, and coma. But these phenomena do not depend on direct poisoning of the blood by the normal components of the urine. The injection of 15 grammes of urea into the femoral vein of a dog weighing 8 kilogrammes gave rise to no symptoms. When carbonate of ammonia is injected, it gives rise to all the symptoms of uræmia, tetaniform convulsions, distress of breathing, hurried circulation, hyperæsthesia, lethargy. When urine in the ureters or bladder undergoes ammoniacal fermentation, the blood takes up the ammonia, and these symptoms are developed.

Intravenous injection of bile was next studied. The principles

Intravenous injection of bile was next studied. The principles of the bile do not exist preformed in the blood, as do those of urine. A distinction must be made between the effects of suppressed secretion of the bile from the blood, and the effects of the reabsorption of bile already formed in the liver. The effects of suppressed secretion cannot be studied experimentally, as the liver cannot be extirpated without causing death. In dogs, the symptoms produced by injecting bile into the blood are prostration of strength, hurried breathing, salivation, vomiting, and dilatation of the pupil. The injection of 50 grammes caused death at once. These symptoms are analogous to those of icterus from reabsorbed bile (from obstruction of the common bile duct.) Guglio maintains that some of the principles of bile are reabsorbed, and meet some physiological want in

the blood; but the author's results prove that all these principles are harmful. The salts of the bile are decomposed in the intestines into cholic acid. &c., which are insoluble in water.

Cholesterne exists in constant but very minute proportions; it is considered as a nervous detritus; in excess it causes a dyscrasic and infective malady, cholesteræmia (Flint and Salisbury). Professor Lussana attributes to it a special and important influence in miliary fever. When injected into the blood, it is much more deleterious than any other principle of bile. It seems strange that a substance which is contained in blood and bile, although in minute proportions, should give rise to such dangerous symptoms. Another example of the same sort is found when Liebig's extract of beef is injected. In three out of four experiments of the author's with extractum carnis' · the animal died; and this is not owing to the presence of ptomaines, which are products of putrefaction, but merely to the state of undue concentration. Prof. Lussana asserts that some poisons are eliminated with the bile. The author made several experiments with carbuncular virus. He found that this, at all events, is not eliminated with the bile.

Intravenous Injection of Aromatics.—Essential oils, ananthic ether, &c., if much diluted, are stimulant only. The fatty acids in very small quantity are physiological excitants; and a larger quantity, like urea, cholesterine, &c., causes death.

Intravenous Injection of Alcohol and Aldehyde.—Alcohol can exist in the blood without coagulation even in as large a proportion as 1 to 300, and this proportion is not necessarily fatal. The injection of 1 to 1,000 produces the phenomena of intoxication. effects of alcohol are more potent in man. The symptoms of acute alcoholic poisoning are attributed to the transformation of alcohol into aldehyde, which is much more pernicious than alcohol. bility, motion, and respiration are paralyzed, while the heart's action may still preserve its energy. Probably the cases of acute alcoholic poisoning of asphycic form are to be attributed to this transformation of alcohol into aldehyde. - G. D'Arcy Adams, M.D., in London Medical Record.

SIGNIFCANCE OF APPEARANCES OF THE TONGUE.

A course of lectures on diseases of the tongue, delivered by Prof. Jonathan Hutchinson before the Royal College of Surgeons of England, is now appearing in the *Medical Press and Circular*. At the conclusion of the introductory lecture we find some suggestions of a practical nature regarding the interpretation of tongue symptoms, which we quote:

First, we must avoid assuming hastily that the condition present has any connection with the disorder for which the patient consults us. Many patients have habitually a profuse growth of filiform papillæ and great tendency to the accumulation of fur. In others the papillæ are curiously absent, and the tongue may look bald or rough. In others furrows may be well marked, and the peculiar fern-leaf pattern present, and yet these several conditions may imply nothing whatever as regards the patient's health.

In all conditions of peculiarity it is well to inquire whether the patient has ever at any former time been salivated or suffered from sore mouth. For it may easily be the fact that some attack of stomatitis, long past, may have left the tongue flabby, indented at its edges, fluted on its surface, or more or less bald.

In cases in which we have satisfied ourselves that the conditions shown are neither personal peculiarities nor yet the consequences of previous disease, we ought next to inquire carefully whether any local conditions are present in the mouth which will explain them, and by no means jump to the conclusion that they denote disorder of the stomach or liver. If the tongue is dry we inquire whether the nostrils are stopped, and if it is sore we must examine the teeth and ascertain whether from sharp, broken points, from stopping with amalgam or accumulation of tartar, any possible source of irritation exists.

If we have failed to discover in the month any cause for disease on the surface of the tongue we must still hesitate as to suspicion of visceral or blood disorder, and ask whether it be not possible that some irritant may have been introduced in the way of food. There are many fallacies in this direction.

Lastly, if we feel able to confidently exclude all local causes, and obliged to believe that the state of the tongue is in direct connection with the state of the bodily health, we have still before us

the difficult task of deciding as to what the nature of the bond of connection may be.

The state in question may still possibly be in no way symptomatic of other disorder, and not in any degree consequent on it, but rather part of the general disease.

Above all we must be on our guard against believing that the state of the tongue is a trustworthy criterion as to that of the mucous membrane of the stomach, and remember that for the most part a furred tongue implies that no food has been eaten and little more, whilst glossitis and gastritis are conditions which are mutually independent, and but seldom coëxist.—Boston Med. and Surg. Jour.

DR. CLIFFORD ALLBUTT ON MEDICAL STUDY AND PRACTICE.

(Extracts from an Address at the Opening of the Leeds School of Medicine.)

* * * * * * *

Now, gentlemen, if it come to crowing, my throat is as wide as another's; but is not all this unreal talk better avoided? Even you have been in the world long enough to know that a man's profession is, in point of nobleness, pretty much what he chooses to make of it; and that, in all probability, a set of doctors are as good an average as any other set of equally well educated men, and no better. Like other people, we have our faults and our virtues, and we sum up much as the rest. No clear-minded man will believe that your hardworking parents are likely to put you into a profession which, in money and personal advantages together, does not offer as good a livelihood as another. Taking my professional friends all round, their houses are as cosy, their wives as well dressed, their dinners as good, their wall-papers as æsthetic, as are those of our like in other callings. If you know your work and please your clientsor, as I ought to put it, if you please your clients, and know your work—you will enjoy as comfortable an income as any man is likely to have who starts with your small capital; and many little social privileges besides which add to its value. As to the nobility of your calling, a man may sell fish to the glory of God—that, remember, is as it may please you to make it.

* * * * * * * *

The best doctor is the best artist, and the best medical artist is the master, and not the servant, of his sciences. Those practitioners who complain that we turn out men now-a-days who possess wide scientific knowledge, but are no medical artists, have right with them. They feel that a less learned assistant gains with them a facility in dealing with exigencies which puts the much pondering prizeman to shame in the sick-room. Like a tennis-player, he has made a good chase before his mathematical antagonist has measured and calculated the tangents and frictions. No man should go into practice alone until he has so trained hand and eye that his aim is true; without that, all the learning of the schools is vain. Better is the sling and stone, with the true hand and eye, than all the armor of Saul without them. Dr. Hare, in a recent address, set this vividly and circumstantially before us. He showed that, whatever the advance of science, it is a positive retrogression of an art to forget certain effectual empirical methods, and to limit itself to the show of exact system where no exactitude can readily extend.

Able and well-meaning young men thus get lost in the faddy therapeutics so much the fashion to-day; and while balancing the hourly drop of digitalis against the half-hourly half-drop of aconite, they vacillate and lose time, if they do not indeed miss altogether some broad features of their cases which would have been plain enough to their father's surgery-boy. I will be bold enough to question whether a doctor may not think too much about his cases. A nice old lady once told me her doctor was so precious to her, he lost indeed his sleep of nights in thinking over her symptoms. I strongly suspected said doctor to be a lying humbug; but many a doctor, who boasts not of it, does worry about his cases, anxiously turning them about in his mind, and, I believe, such an one to be a less successful practitioner when the time is for action. Interludes of vexing care waste his energies, so that he loses vigor and promptitude, and lacks the spontaneous impulse of trained instinct, which is generally truer to the mark than a stroke made in the discomposure of anxiety.

When you have a trying case, be sure you have well investigated

it, be sure you have duly consulted your written authorities, be sure you have trained your mind and eye to the best; take care, if possible, to talk the case over with a medical friend, and, having done these things, let your mind rest on it. This advice is good for all the affairs of life, if men would but realize it. There is nothing so wasteful of strength and purpose as what people are pleased to call "thinking things over," which really means muddling things to and fro, passing generally into a greater perplexity than before, and ending too often in error or confusion.

So important, indeed, are the intuitive appreciation of the main factors of a case, the relations between them and their tendencies, that, without these, reliance on those facts which are at once more precise and more limited may be positively misleading. Students and young practitioners rely, as a rule, far too much on their precise data, and so far the discovery of instruments of precision has some temporary disadvantages. Because they find albumen in some urine which measures up to a substantial quantity, they cry out Bright's disease—or sugar, and they cry out diabetes. Or a patient, who has had a stationary mitral murmur for years, and may have it many more, comes to a doctor who applies first a simple stethoseope, then tries to get to the inner meaning of it with a double-barrelled one, and forgets the while that it is not the instrument, but the man at the near end of it, which counts. All his mind, however, he sends down the tube, and leaves none for the patient's own story, none for an estimate of the tone of the circulation in the several organs, none for the contours of the chest and its districts, none for the many little common sense probable inferences which the ease should offer him. He rushes to the alarm of heart-disease in all its terror, which, if literally, is not practically

Now, gentlemen, not in heart-disease alone, but in the whole field of medicine, there is no exact datum of any instrument of precision—nay, not even of the thermometer—comparable in value to the inexact suggestions of the radial pulse, taken, not by the sphygmograph, but by the crudite finger. In enteric fever, for instance, the qualities and fluctuations of the pulse are far more trustworthy signs than the variations of the temperature. Take away from me my instruments of precision and you cripple me; deprive me of my touch of the pulse, and you blind me.—Br. Med. Journal.

THE LIABILITY OF ERROR IN EXAMINING FOR SUGAR IN THE URINE.

. The following illustrates with what care and precaution every urinary examination in regard to the presence or absence of sugar ought to be made. Professor v. Heusinger in a late session of the Aerztl. Verein, in Marburg, deelared that a certain individual desired to be examined in view of having his life insured. At the close of the physical examination he was requested to urinate. As he had micturated before entering the doctor's office he now could pass but a slight amount. The chemical examination gave a yellow green precipitate (saccharine). At the examiner's request the man returned the next morning, and the urinary test presented a negative It turned out after a close questioning that the individual had suffered for months with gonorrhea, and had used injections of sulphate of zinc. He had passed water and used this injection just previous to presenting himself for the first examination. Fettien, who was then consulted, found that if a solution of sulphate of copper is added to one of sulphate of zine and tartaric acid and caustic soda in excess, a blue fluid is formed which contains, besides the constituents of Fehling's solution, sulphate of zinc. Added to boiling urine, the zinc is precipitated as a hydrate with a grayishgreen color and the solution turns from blue to yellow. If albumen is added the same phenomena are observed, only the fluid above the precipitated zinc is reddish.—Berl. Klin. Wochenschrift.—New York Medical Record.

HEALTH APHORISMS.

Dr. Frank H. Hamilton has formulated the following solid chunks of wisdom:

The lives of most men are in their own hands, and as a rule the just verdict after death would be felo de se.

Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants the rose.

'Mould and decaying vegetables in a cellar weave shrouds for the upper chambers.

A change of air is less valuable than a change of scene. The air is changed every time the direction of the wind is changed.

Calisthenics may be very genteel, and romping very ungenteel, but one is the shadow, the other the substance of healthful exercise.

Blessed be he who invented sleep; but thrice blessed the man who will invent a cure for thinking.

Milk drawn from a woman who sits indoors and drinks whiskey and beer is certainly as unwholesome as milk from a distillery-fed eow.

Dirt, debauchery, disease and death are successive links in the same chain.—Medical Age.

NEW USES FOR THE THERMOMETER.

Dr. J. T. Welch, of Keyport, N. J., writes: "Being called to prescribe for a patient living in the hills above Keyport, who had long been afflicted with epilepsy, and whose mind was now somewhat impaired, I noticed a remarkable pallor of countenance and that the surface of the body was very cold to the touch, so produced a clinical thermometer to ascertain the temperature. The young man evidently looked upon it as a part of the treatment, and further impressed by the admiring awe of his relatives, closed his lips upon it with as pious a care as though it had been Tyndall's prayer-gauge, and speedily seemed oblivious of all earthly things. So rapt was he that when I went to withdraw the thermometer he gave a start like one rudely assailed. 'How did it affect you?' queried I. 'Very well indeed,' he replied; 'I think it has made me feel much better.' And then, raising his hand with an air or benediction, he added, 'It had such a quieting influence.' An hour afterward I visited a young domestic in another family, who was convalescing from a mild attack of typhoid fever, where the temperature had ranged from 100° to 102° for several days. While here I related the above incicident to her employers, who laughed heartily, but the girl with a look of scornful superiority, cried out, 'Pooh! he mustn't ever have seen one before! why, I have had two at a time in my mouth, and thought nothing of it,' 'Why was that?' asked I. 'When I was

on Randall's Island.' Yes, but why? what were two used for?' Because—because,' blurted she in confusion, 'my fever was so high they couldn't tell it all on one!'"—New York Med. Record.

[A surgeon in Wilmington was about to perform some operation on the mouth, and did not care to give chloroform for fear that blood might escape into the larynx. His female patient was quite clamorous for the anæsthetic, so the doctor made a compromise with her by placing a thermometer in her mouth. Innocent soul as she was, while she was waiting patiently for the anæsthetic effect of the thermometer the operation was completed. It succeeded in keeping her quiet].

ON THE RENAL CIRCULATION DURING FEVER.

Dr Walter Mendleson, of New York, in an experimental research undertaken at the Pathological Institute of the University of Leipzg, the results of which he publishes in the October, 1883, number of The American Journal of the Medical Sciences, endeavors to determine by experimental methods the actual condition of the circulation in the kidney during fever. He finds:

- 1. That in dogs with fever the kidney undergoes a diminution in its bulk.
- 2. That this diminution is due to a contraction of the walls of the bloodvessels; and,
- 3. That it is the constant and progressive, being proportionate to the intensity of the fever.
- 4. That it is in all probability the result of a nervous stimulus, originating in the central (cerebral) nervous system from the irritation of abnormally hot blood circulating there.

From the intimate relations existing between the arterial pressure and the secretion of the urine, it will at once be evident that many of the changes occurring in the latter during fever may be readily explained by considering the above-named facts. Thus the decrease in the amount of urine secreted by fever patients, which has heretofore been ascribed to the increased loss of water through the lungs and skin (and which may amount to one-half, or even a third, of

that normally secreted), becomes all the more explicable when the marked contraction is considered, which he here shows that the renal vessels undergo during fever. For in this case it is immaterial whether we accept the theory of Ludwig and his pupils, that the amount of urine secreted is dependent on the height of the arterial pressure in the kidney, or that of Heidenhain, that it is due to the rapidity of the blood-current in the renal vessels. In either case the great contraction of the kidney's vessels would produce both a diminished blood-pressure and a retarded current within the organ, and hence a lessened secretion of urine.

The occurrence of albuminuria, such a constant symptom in nearly all high fevers, becomes readily understood when we bear in mind the extreme anemia which he finds affects the kidney during a hyperpyrexia. For nearly all authorities are now agreed that albuminuria is due to the glomerulal epithelium, in consequence of being insufficiently nourished with arterial blood, losing its function of retaining within the vessels the albuminous portions of the blood-plasma. The extreme sensitiveness of the renal epithelium generally to anemia, whether partial or complete, has been shown by many observers, and it is not surprising, therefore, that in consequence of the prolonged and marked anemia in the kidneys of feverish individuals, the epithelium should be so profoundly affected as to seriously impair its function, and allow it to become permeable to albumen.—American Journal of the Medical Sciences.

Hydrobromic Acil.—A Warning.—Hydrobromic acid is again attracting attention, this time by Dr. C. D. Dana, of New York. In the doses he recommends it, that is \(\frac{7}{3}\) i to \(\frac{3}{3}\) ij, even if considerably diluted or covered with syrup, it will frequently cause stomatitis. This condition will be first detected on the inside of the lower lip. We have had two troublesome cases of gastritis from the thrice daily administration of 15 minim doses of the dense acid, diluted in syrup of tolu and water. The theory of the use of hydrobromic acid is good, and the practice as far as the taste goes, but the unpleasant stomatitis and gastritis must materially limit it.

NITRATE OF AMYL AND NITRO-GLYCERINE IN URÆ-MIC ASTHMA.

Dr. Sheen, of Cardiff, writes:

"The brief notes I give below illustrate the value of nitrite of amyl and nitro-glycerine in one of the sudden and distressing, though perhaps, rare, phases of chronic Bright's disease—viz.: uræmic asthma. Nitrite of amyl, acting, probably, through the vasomotor nerves, relaxes the arterioles, and thus reduces bloodpressure. As it is very volatile, on the score of economy and convenience, I always carry some of Martindale's capsules in my bag, and these are very handy for immediate use. Nitro-glycerine is said to have much the same action as nitrite of amyl, and, according to Dr. Mahomed, its great superiority over amyl lies in its gradual and more lasting effect, and the more convenient manner of prescribing it, and it can be taken regularly two or three times a day, or oftener, in one minim of a one per cent. alcoholic solution being the usual commencing dose. It is also made up in chocolate tablets, each containing one hundreth part of a minim; but its action, when given in this form, is not so rapid as that of the alcoholic solution.

"M. P., aged 55, retired from business May 4th, 1882. Has been ailing for two weeks, but has been about. Has noticed swelling of legs towards night for two months, and his face had swollen occasionally for the last month. Has always been careless of his health, and if he got wet, an event which happened not unfrequently, he would never change his clothes. He was taken suddenly ill last evening whilst out walking, about a mile from home, and had to be taken home in a cab. On visiting him at 10 A. M., I found him sitting up in bed, gasping for breath, countenance distressed, and of a sickly pallid hue. Pulse feeble; temperature 98°; tongue pale and sodden, expectoration frothy, with some little blood intermixed; moist *râles* over whole chest, back and front; urine abundant, clear, containing one fourth of albumen. At 2 P. M. I found his condition and posture unchanged; he could only speak a few words before he had to stop for breath. He inhaled three minims of nitrite of amyl (a capsule broken in a handkerchief). Within a few minutes his breath was easier, and he was able to recline in bed for the first time since the attack came on before I left the house. I then put him on nitro-glycerine one hundredth of a minim ter die.

May 5th. He was lying easily in bed, breathing quietly, and expressing himself as feeling quite well, said he was only waiting until I came before he got up. I cautioned him that his life hung by a thread, and that he could only hope to continue it by the strictest obedience. Unavailing caution. On the 6th he still remained in the same improved condition. The next day he refused to take any more medicine, but promised to stay in the house, a promise which he did not keep. On the 16th he had another attack, and died quietly within thirty-six hours, the urine being loaded with albumen."—British Medical Journal.

MEDICATED GELATINE IN SKIN DISEASES.

To simplify the treatment of skin diseases, especially where there is a large surface to be medicated. Prof. Pick has introduced the method of dissolving or suspending the medicament in a solution of gelatine. When this solution is applied it hardens and forms a medicated coating for the surface. Pick's first attempt was with chrysarobin and gelatine in psoriasis. Recently he has extended his plan of treatment and applied it in a number of dermatoses, with encouraging results. The following is one of his formulas: Gelatine alba sicca, 50 grms.; aqua fontan., 100 grms. Dissolve by agitation, then add the medicament to be used. The mass is allowed to harden. and a piece of sufficient size can be given the patient, which he softens by placing a cup in hot water and putting the gelatine into the cup. When it has liquefied it may be applied with a camel-hair brush as needed. When the coating has nearly hardened, the application of a little glycerine makes it soft and pliable and thereby prevents breaking.

In the treatment of eezema Pick has found salicylic acid to give the best results. Not infrequently an intolerable itching accompanies eezema, which is readily relieved by adding a little carbolic acid to the salicylic solution. This plan of treatment is, undoubtedly, far preferable to the employment of the nauseating, tarry preparations, both on account of their odor and the discoloration of the skin that they produce.—Zeischrift f. Therapie.—Therapeutic Gazette.

THE MEDICINAL VALUE OF THE SALTS OF NICKEL.

Prof. J. M. DaCosta, of the Jefferson Medical College, Philadelphia, concludes in a "preliminary paper" (Medical News, September 29, 1883), after a year's experimentation, that "the preparations of nickel, especially the bromide, will be found additions to our therapeutic resources, and are certainly worthy of more careful study than they have hitherto received." Investigations were made with the chloride, acetate, sulphate and bromide. The sulphate and the bromide proved to be the best preparations. The sulphate used was made by digesting nickel filings in dilute sulphuric acid and evaporating. The salt is chrome-green in color, very deliquescent, and very soluble in water. It was given in solution or in pill, in from one- to three grain doses. Small doses were well borne by the stomach. Five grains sometimes caused giddiness and nausea. There was little action on the pulse or temperature; if anything, they were slightly reduced. The salt was somewhat sedative and anodyne, but not directly soporific in its properties. There was little evidence of its reputed tonic effect. In obstinate diarrhea excellent results were obtained from small, frequently repeated doses, or from one- to two-grain doses given four times daily. In one such ease, associated with valvular disease of the heart and with the trembling of beginning sclerosis, it was successful after many remedies had failed. It subsequently benefitted the heart-trouble, but not the nervous affection. In chronic catarrh of the stomach the sulphate acted well and the chloride even better. "In the case of a professional man with marked indigestion and some albumen in the urine, in whom iron produced headache and otherwise disagreed, the digestive disorder was speedily influenced and the albumen disappeared while taking one grain of the chloride three times daily. More than this did not agree."

Bromide of nickel, a green, deliquescent, very soluble salt, was obtained by digesting nickel filings, in bromine and water, and evaporating carefully to chrystallization. It acted similarly to the other bromides, but much smaller doses would suffice. Five to seven and a half grains proved an average dose; ten, a decided one. If ten grains ever disagreed, one half the quantity was given, and soon repeated. Bromide of nickel was found to allay headache, especially of the congestive form, to relieve convulsive movements,

and to act as a general sedative to the nervous system. In epilepsy it was found in all cases to act quite as well as any bromide, "and, as happens with all, we sometimes by a change to it obtain results which the others no longer yield." From the "illustrative" cases detailed, it would seem that in intractable epilepsy, in one instance, when the other bromides and several other remedies were ineffectual, the bromide of nickel, in from five- to ten-grain doses, was markedly beneficial, especially at first. The drug appears to lower the temperature slightly, and, possibly, to reduce the frequency of the pulse a trifle. It does not act on the skin or bowels, or on the composition of the urine, the quantity of which may be unchanged or slightly increased. The results from a dose smaller than that of the slightly increased. The results from a dose smaller than that of the bromides generally used are striking. Nor can they be accounted for by the presence of a greater percentage of bromine. The combining weight of sodium and that of potassium, the three being, respectively: sodium, 23.3; nickel, 29.5; potassium, 39.2. There must be, therefore, some special action in the bromide of nickel.

The sulphate and chloride of nickel diminished somewhat the number of the epileptic attacks, but, while they were not inert, their controlling action is slight compared with that of the bromide.

Bromide of nickel was given in solution or in pill form, made with great traggeouth. The preparations used were made with great

with gum tragacanth. The preparations used were made with great care by a skilled pharmaceutist, Mr. McKelway, and were chemically pure.—New York Medical Journal.

GEE ON THE LITERATURE OF THE DISEASES OF CHILDHOOD.

In an address before the British Medical Arsociation at its recent meeting in Liverpool, Dr. Samuel Gee, of St. Bartholomew's Hospital, London, gives a very interesing resumé of the medical literature relating to the diseases of infancy and childhood. As may be inferred, the knowledge we possess upon this subject is almost entirely of modern growth. Yet even in the writings of Hippocrates we find an essay on dentition and the disorders which accompany it, and especially "ulcers of the tonsils," the exact analogne of

which with us is difficult to identify. He also mentions aphthe, inflammation of the navel, watery discharges from the ears, spinal disease, calculus, round and thread worms, and especially mumps, which he classes among the epidemic diseases. Celsus, Aretæus, Aurelian and Paulus scarely refer to the subject. Rhazes, the Arabian, wrote the first treatise upon diseases of children in the ninth century. It is devoted almost wholly to therapeutics. He first described small-pox and measles. The first English treatise was "The Boke of Children," by Thomas Phayer, 1444; it is based upon the work of Rhazes. Paracelsus was the first to mention inherited symbilis in 1529. Sainte Marthe a Evanch contlemen but not a play. "The Boke of Children," by Thomas Phayer, 1444; it is based upon the work of Rhazes. Paracelsus was the first to mention inherited syphilis in 1529. Sainte Marthe a French gentleman, but not a physician, published a poem in 1584, called, "Pædotrophia," or the rearing of children, which some have affirmed to fall not far short of the Georgics. About 1650 an Italian poem appeared called "La Balia," or "The Nurse," which was deemed worthy of an English translation by the Poet Roscoc. In 1653 Robert Pemell, "Practitioner in Physick," wrote a little book entitled "De Morbis Puerorum," which is chiefly remarkable as showing how little had been acquired since Rhazes, or even Hippocrates. Three years before this appeared Glisson's "De Rachitide sive Morbo Puerile, qui Vulgo. The Rickets dicitur, Tractatus," which marks a new epoch in this field, like that which characterized the discovery of the circulation of the blood in physiology. In the next generation came Sydenham, who makes the first clear reference to whooping cough. St. Vitus' dance and scarlet fever, and gives the first good and sufficient history of measles. Contemporaneous with Sydenham was Walter Harris, who wrote a poor but popular book entitled "De Morbis Acutis Infantum." With the eighteenth century the books on this topic became numerous, yet at the beginning worms and teeth constituted the refrain of writers. Dr. Patrick Blair, in a letter to Dr. Richard Mead, 1713, speaks of "the croops," but the first adequate history of croup is Francis Home's, 1765. Bronchotomy for croup was first performed in 1482, and the distinction between spasmodic and inflammatory croup was first made in 1796. Acute Hydrocephalus, or Tubercular Meningitis, was discovered by Whytt, who wrote in 1768. Our knowledge of chicken-pox begins with Heberden, 1767. In 1798 Jenner wrote upon cow-pox. With the present century the study of morbid anatomy and the invention of physical diagnosis advanced immensely the knowledge of this subject, as, indeed, of the whole science of medicine. In France, Bretonneau has placed diphtheria within the limits of exact knowledge, inherited syphilis has been elucidated, Duchenne's pseudohypertrophic paralysis has been made known, and the knowledge of the diseases of the nervous system has been successfully cultivated. In England the acquisitions have been especially in connection with skin diseases (Willan), laryngismus stridulus (Clarke), scarlatinal albuminuria (Wells), typhlitis (Burne), and tubercular peritonitis (Gregory). In concluding, the author points out that not one of these writers was a specialist, and affirms that "art is not yet so vast nor human wit so narrow that the diseases of children need be made a specialty."—Maryland Medical Journal.

FATAL EXPLOSION OF AMMONIACAL GAS.

The Cincinnati Lancet and Clinic, of 25th October, gives an account of the explosion of ammoniacal gas in the brewery of Mess. Moerlein. The large beer cellars of this firm are cooled by a patent process, consisting of passing vaporized ammonia through iron pipes. It was the bursting of one of these pipes, which caused the instant death of thirty-five horses, and overwhelmed thirty-one others so that they died within a few hours after the accident.

The writer of the account in the Lancet and Clinic, brings to mind that ammonia gas is a thousand times more volatile than alcohol, and than when freed from pressure, produces a cold so intense, that a drop of the ammonia falling on one's hand blisters it.

The gas escaped from an inch-and-a-half pipe, while under pressure of 100 pounds, and when it broke, the report was like the sound of a cannon. The air was immediately filled with the white vaporized ammonia, and men in the streets were almost strangled with it.

Fortunately no human being was near enough to the burst pipe to suffer fatally from the ammonia fumes.

Walsh's Physician's Handy Ledger is the most useful, time-saving and economical ledger for the physician. For three years or more we have used no other because it can hardly be improved upon.

AROMATIC ELIXIR OF LICORICE given in the last edition of the U. S. Dispensatory is also rapidly growing in favor as a vehicle for quinine for children. It is said to be better than Elixir of Yerba Santa; but we suspect that the failure of the latter in the hands of some druggists is that the elixir is made from the fluid extract instead of the crude drug. If the former is used, a resinous precipitate is thrown down by quinine, if the latter a mixture results which is easily miscible by shaking.

Syrup of Coffee to Disguise Quinine.—Roasted coffee finely ground, 4 oz, alcohol 1 oz, sugar 12 oz, boiling water sufficient. Pack the coffee firmly in a percolator provided with a cover, and pour on boiling water until eight fluid ounces of percolate are obtained. Then dissolve the sugar (in the percolate) by percolation, and finally add the alcohol as a preservative. The taste of two grains of quinine is said to be pretty well covered by a drachm of syrup.—New Remedies.

A YEAR'S CAMPAIGN AGAINST DIRT is the title of a pamphlet recently published by the North Carolina Board of Health. It sets forth plainly the round of duties of municipal officers as to the disposal of garbage and the prosecution of sanitary measures the year round. A large edition was disposed of at once, and another

is about to be delivered for distribution. The numerous applications for the pamphlet will be attended to as soon as the new edition is received. It is gratifying that the people are seeking information upon these subjects, and it is still more gratifying to record that the city of Wilmington has adopted the plan for the removal of garbage recommended by the State Board of Health three years ago. It only remains now for the officers entrusted with the duty of executing the ordinance to require faithful performance by the citizens, and the citizens to demand that the authorities shall promptly carry out their part.

Some of our cotemporaries are greatly exercised over the perversion of Dr. H. H. Kane, to evil ways. Upon the information furnished, it becomes our duty to warn our readers against some recent pretensions of the discovery of a certain cure for the opium habit, which he has tried to have inserted in all the medical journals of the country. We believe but few of them have admitted the advertisement.

EXPERIMENTS IN THE USE OF NAPHTOL FOR THE TREATMENT OF SKIN DISEASES.—Dr. Arthur Van Harlingen, of Philadelphia, reports in *The American Journal of the Medical Sciences* for October, 1883, the results of his experience with the use of this drug which was first brought to the notice of the profession by Professor Kaposi, of Vienna, about two years ago.

He finds it is one of the most efficient and agreeable remedies for scabies which has as yet been brought forward. Both in the rapidity of its action and in its beneficial effects upon the inflamed skin it is superior to any of the means ordinarily employed for the cure of this disease. Its exact place in dermatic therapeutics remains to be ascertained, but he is inclined to think that it will not prove an unimportant one.

In eczema it has failed in his hands to give the same beneficial results as were obtained by Kaposi. In most cases of vesicular and in acute eczema generally its action is simply that of an irritant. On the other hand, it has a limited field of action in the cure of a certain number of cases of squamous eczema of the scalp.

In his opinion it is a valuable addition to our external means of treatment in *psoriasis*. Kaposi speaks well of it in psoriasis of the scalp in particular, and his experience would lead him to place it

near chrysarobin and pyrogallic acid in effectiveness without the neutralizing disadvantages of either these drugs.

In seborrhæa of the scalp naphtol is a decided addition to our means of treatment. While inferior in some respects to sulphur or carbolic acid, it has a certain range of usefulness which further experience will in all probability more exactly demonstrate.

Naphtol is highly lauded by Kaposi in the treatment of hyperidrosis, but in Dr. Van Harlingen's hands it has failed entirely, although used strictly according to his formulæ. He considers it quite valueless in this disease, so far as his experience goes.

His experience leads him to regard its effects in *ringworm* as inferior to almost all of the remedies at present used, and as almost entirely inefficient in most cases of *tinea versicolor*.

In *pediculosis* he has had no experience, but in a single case of pediculosis capitis its action was favorable.

The United States Pharmacopæia in the Eyes of the British Critic.—In comparing the three Pharmacopæias, it must at once be conceded that the United States Pharmacopæia is incomparably the best. The previous revision was very poor, but the present revision is a very great improvement on the last. It contains an enormous mass of information, which is, however, chiefly of use to the pharmacist. Neverthless, it contains almost every possible preparation which can be needed by the medical practitioner. It has freely adopted the best features of the British Pharmacopæia of 1867; and we can perhaps claim some credit for having shown our American confrères the way in many matters—notably in the adoption of volumetric solutions, in the general system of arrangement, in the matter of cross references, etc.—British Medical Journal.

Wanted.—A full set of the old series of the North Carolina Medical Journal, from August, 1858, to November 1862, inclusive. Also if any one has odd numbers of the old Journal, and wishes to dispose of them, please communicate with the Editor of this Journal.

JOURNAL ARREARS.—Accounts will be sent out about the same time this number of the JOURNAL is issued, and a prompt response is expected. We have said very little about money to those who are in arrears, but we must part company with those of our readers who do not respond in a reasonable time.

If we have made errors we are willing to make just corrections.

Dr. Billings for Surgeon-General.—The mere suggestion of such a desirable appointment as that of Dr. Billings for Surgeon-General of the Army which we noticed in the last number of the Maryland Medical Journal will find a responsive affirmative among the profession of the whole country. His career in the charge of the Surgeon-General's Library, is so unique, so far in advance of the capacity dreamed to be possessed by any medical man in this country, that he has fairly won any position in the gift of the department he has so faithfully served. We do not know that Dr. Billings would be willing to be made Surgeon-General, and indeed it would be a pity if such a change were made if it would arrest for a moment, or even diminish in the least, the ardor with which the great work of the Surgeon-General's Library has been conducted.

Surely the attainment of this new dignity is not needed to add renown to Dr. Billings' name; but a man of his parts would not assume the official position without bringing additional honor to, and enhancing greatly the efficiency of the service.

The Brain Transfixed by a Ramrod with Recovery.—Fischer reports in the Deutsche Zeitschrift fuer Chirurgie (Bd. xviii,) (Med. News, Oct. 13), an interesting case of an accident which occurred during the unloading of a carbine, by which the brain was transfixed by a ramrod without fatal result. The ramrod, which was of iron, entered the thorax to the right of the fourth dorsal vertebra, passed upwards in the deeper tissues of the right side of the neck through the base of the skull and the brain, and projected to the extent of thirty centimetres out of the left side of the head. After an opening had been made into the neck, the rod was driven backward through the skull by the strokes of a hammer, and taken out at the neck. The patient recovered, except that he remained blind in the right eye.—Maryland Medical Journal.

Foreign Honors to American Pharmacists.—We learn from foreign journals that our enterprising countrymen, Messrs. Parke, Davis & Co., of Detroit, Michigan, have been the recipients of very distinguished honors abroad. They exhibited at the late International Pharmaceutical Exhibition, at Vienna, a line of the products of their laboratory, including preparations of the newer reme-

dies with which their names has become so intimately associated, gelatine products, pills, etc. Their display was evidently a revelation to the Europeans who have affected to despise American pharmacy. Within the past year the medical profession of Germany have manifested a very decided interest in many of the newer drugs of P. D. & Co.'s introduction, but they were scarcely prepared for the display of artistic elegance and pharmaceutical excellence which characterizes the products of this house. Popular interest was very largely centered in their department of the exhibition, and the Emperor and Archduke Karl Ludwig took especial pains to compliment Mr. Wetzel, the representative of the house on the beauty of the display which also won from the jury of award of the exhibition, a gold medal. We congratulate Messrs. Parke, Davis & Co., on this evidence of their tendency towards universal empire in the matter of pharmaceutical preparations.

CHINESE TEA PLANT GROWN FROM A SEED IN CHATHAM CO., NORTH CAROLINA, SIXTY YEARS AGO.—In Niles Register, May 26, 1823, it is stated that Mrs. J. Newlan, of Chatham Co., in emptying a tea chest came across a seed which she planted, and she got therefrom a genuine tea plant. This is probably the first recorded instance of tea grown in this State. It has become very common since then, and although the plant as at present treated gives very little of the genuine tea flavor, it is a beautiful shrub, easy to propagate, and ripens thoroughly in our eastern counties.

Poisoning by Canned Meat.—False Statement.—We are indebted to The Sanitary Engineer for the investigation of a news item which has been going the rounds of the daily press, to the effect that canned meats had caused a death in Pittsburgh. health officer in that city in reply to enquiries sent to him by the editor of the Sanitary Engineer says that the beef was rolled corned beef, and not "canned," That all the members of the family ate of it, and with one exception were taken sick.

It is a pity that falsehoods should be circulated about canned food, causing a needless panie among a large number of families

who rely largely upon it.

OBITUARY.

SURGEON-GENERAL CHARLES H. CRANE, U.S.A.

The daily papers brought us the unexpected news of the death of Surgeon-General Crane, U. S. A., on the 10th of October. He had occupied this new position only a year, succeeding Surgeon-General Barnes July 3d, 1882. Surgeon-General Crane was 58 years of age.

His remains were interred at Shelter Island, N. Y., on the 12th.

HUGH KELLY, M.D.

We saw with deep regret the simple announcement of the death of our venerable friend, Dr. Hugh Kelly, of Statesville, in the North Carolina Presbyterian of last week.

Dr. Kelly died on the 1st of September. For three or four years past he has been disabled by paralysis, up to which time he was

actively engaged in practice.

Dr. Kelly was born in Moore county, N. C., July 15th, 1815, and was consequently sixty-eight years of age. He studied medicine in the University of New York in 1844-45, receiving the Honorary Degree of that institution we believe, some time later. He settled first in Randolph, then in Rowan, and finally in Statesville, Iredell county, where he ended his useful career. He became a member of the Medical Society of North Carolina in 1854, and was at once active, but unobtrusive. Though not a ready speaker, Dr. Kelly was never at a loss when drawing from his vast experience, especially in the indigenous diseases of his country. The Society recognized his sterling merit by electing him its President in 1870.

Dr. Kelly did not have the appearance of a man equal to the fatigues of a country practice, but such was his earnestness of purpose, that few men accomplished more in that endless round of a

busy family practice.

As a citizen and useful member of Society, and as an humble Christian man, his name will always be held in reverence.

FREDERICK D. LENTE, M.D.

Dr. Frederick D. Lente, an eminent physician and surgeon, died at Cold Spring, Putnam County, N. Y., in the sixtieth year of his age, on the 13th inst., of cerebro-spinal meningitis. Dr. Lente was born at Newbern, N. C., in 1823, and was a graduate of both the University of that State and of the University Medical College of New York. After leaving the latter college he studied for a time under Dr. Alfred C. Post, and was afterward, under Dr. Valentine Mott, for two years, on the house-staff of the old New York Hospital, which at that time had attained its greatest reputation. In 1851 he was appointed surgeon of the West Point Foundry, at Cold Spring, and filled that position until 1870, when he came to this city

and was almost immediately appointed to the Chair of Gynaeology and Diseases of Children at the University Medical College. He filled other positions of honor and influence in this, but in 1871 he was compelled to give them up on account of threatened failure of of his health. He returned to Cold Spring, and, resuming his former position there, remained until 1875, when he once more left it and entered upon the practice of his profession at Palatka, Fla., during the winter months, and at Saratoga Springs in the summer. Dr. Lente was one of the founders of the American Academy of Medicine and its first President, and at the time of his death he was a member of the Neurological, the Pathological, and the New York and Dutchess County Medical Societies, the American Public Health Association, the Board of Managers of the Hudson River State Hospital, corresponding member of the New York Medico-Legal Society, and honorary member of the North Carolina Medical Society. Dr. Lente had an extensive acquaintance and reputation through the Northern and Southern States as a general practitioner and as a surgeon. He was not only skilful and successful here, but he had an original and observant mind. His numerous contributions to medical literature were always valuable and were widely noticed. His work was characterized by great thoroughness and exactness. Personally, Dr. Lente was very popular among all who knew him, was warmly esteemed by an unusually large circle of friends.—New York Medical Record.

BOOKS AND PAMPHLETS RECEIVED.

Transactions of the Medical Society of the State of Pennsylvania for 1883.

Fifth Annual Report of the State Board of Health of Kentneky. 1883. Louisville: The Gilbert & Mallory Publishing Company. 1883.

A Personal Narrative of Opium Addiction. By J. B. Mattison, M.D., Brooklyn, N. Y. Reprint from the Medical Gazette, July 7. 1883.

Transactions of the Medical Association of Georgia. Thirty-fourth Annual Session. 1883. Atlanta, Georgia: Published by the Association. 1883.

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NORTH CAROLINA MEDICAL JOURNAL.

THOMAS F. WOOD, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

INSANITY IN THE COLORED RACE. By J. D. Roberts, M.D., Goldsborough, N. C.

The disposal of the "man and brother" our colored citizens continues to be a problem in all departments. While much has been written concerning his political sphere, his social status and other kindred subjects, I have as yet seen nothing upon Insanity in the Colored Race, and with the exception of a few columns in the statistical tables upon the "Insane and Idiotic in the United States" in the census reports, I know of nothing, save, perhaps, an occasional allusion, bearing directly upon the subject.

It is generally believed that the Negro, with other partially civilized, or wholly uncivilized races, as for instance, the American Indian, is not as liable to become insane as are the more civilized nations. Upon this subject, Hammond, in his recent work on Insanity, well says: "we do not know how much of this immunity is the result of the racial factor and how much is due to the differences in the mode of life, the degree of activity of the mind, etc., which exists; and the like is true of the American Indian. Place either one of them in his youth in New York, let him adopt the manners

and customs of the average resident of that city, overwork his mind at school, use alcohol to excess, plunge into the pursuits of moneymaking with his whole heart and mind, deprive him of a large part of his natural rest—sleep—and prevent him from exercising his body to the extent it requires, and the probability is that he will be as likely to become insane as any white man similarly situated."*

When, a few years since, the matter of additional accommodation for the insane of this State (North Carolina) was agreated, it was a surprise to many to find that there was in our bounds enough colored insane to justify the building of a separate institution for their care, and when opened, that additional room was still demanded, until now we have accommodations for one hundred and sixty (160) colored insane, with every prospect of soon filling the whole building. That there is a great increase of insanity in the colored race is not questioned by the informed. The causes for this increase are not so well understood, and it is one of the objects of this paper to attempt to throw some light on the subject. For some time I held the opinion that this great increase was more apparent than real, and my reason for so considering it was founded on the fact of our having our attention directed more forcibly to the matter at present, than formerly. Thus, when a slave, he was cared for by his master. If insane, it was to his master's interest, as well as his duty to so secure him as to prevent him injuring himself or others. This was accomplished in a quiet manner, if possible, perhaps only his near neighbors knowing of the insanity. When all else failed, a log hut, built perhaps in the back part of the plantation was prepared for him. The fear of the driver's lash was often an incentive in keeping the insanity, especially of a mild form, in subjection. Many cases of undoubted insanity, where the patient continued his work, were not so considered, but their peculiarities or strange conduct attributed to other causes, such as being bewitched or "conjured," by members of their own race, or to a naturally bad temper by their owners.

Now, all is different. Generally poor, the family is unable to care for the afflicted one, and his eare is thrown on the county. If the insanity is of a mild type, he may be kept at home, but if violent the only recourse is to the jail or poor house, recently in this State, the asylum. Here, of course, it is generally known. All of the

^{*}Treatise on Insanity. Page 120.

colored insane of the county gathered in one place may make a considerable show, especially to persons who, prior to their emancipation knew of none, or at least but one or two colored insane.

In studying this subject we may well compare the increase of insanity in the two races (white and black) for the last few years. From the figures given in the tables of the last three census reports, we find that the increase has been alarming, viz.: in the colored race, from 766 in 1860 to 6,157 in 1880. Mr. Wine's remarks (page 81) as to incorrect enumeration applies, I think, with extra force to this part of the census returns. That the returns of the colored insane of the United States for 1860 are defective is more than likely, and is to be attributed largely, perhaps, to an argument already advanced, viz.: the insanity not being recognized as such, being considered as are due to bewitchment or to bad temper, &c.

Mr. Fred. H. Wines, special agent for the statistics of the Defective, Dependent and Delinquent classes for the tenth census (1880) in speaking of the increase of insanity in the United States (all classes) says: "The interest felt in its ravages leads to the frequent reiteration of an inquiry which is vaguely formulated in the common question: Is insanity increasing in this country relatively to the population? But before this question can be answered it is essential to know what the inquirer means. If he means nothing more than to ask whether the aggregate number of the insane is increasing, but one reply is possible, and that so obvious as to excite wonder that the question should be put at all. For its solution no census is requisite; it is only necessary to notice the steady growth of the number and capacity of the hospitals and asylums for the care of the insane, and the utter failure of the provision made to overtake and keep pace with the demand for such provision. If, on the contrary, the inquirer desires to know whether in the year 1880, the number of new cases, that is, of cases of insanity of less than one year's duration-is larger in proportion to the population than it was in 1870, the reply to this question; so much more precise and penetrating than the other, is a matter of opinion rather than of statistics, for the reason that the statistical data at our command are not sufficient to enable us to answer it. Yet this is much the more important inquiry of the two, for although the increase of the mass implies an increase of the aggregate amount of sorrow in the world, it does not involve increased liability to insanity on the part of the

same, which is probably the peril in the mind of the questioner. An increase in the ratio of new cases to the total population would be an alarming social symptom."

In 1860 the whole number of insane in the United States was 24,042; population 31,443,321; or one insane to every 1,308 of population, (round numbers—fractions not counted). In 1870 the insane numbered 37,432 with a population of 38,558,371, or 1 insane to every 1,030 of population. In 1880 the population was 50,155,783 while the insane numbered 91,997 or 1 insane to every 545 of population. Or, as Mr. Wines says, the increase in population is 30 per cent. and the increase in insanity is 155 per cent. from 1870 to 1880. "It is not possible to believe that there has, in fact, been any such increase of the defective classes as indicated by the figures given in tables above.* The inference is irresistible that either the enumeration in 1880 is excessive or else it was incomplete in 1870 and the years previous."

The proportion of colored insane to the colored population is not near so large as in the white race. Thus the whole number of colored insane in 1860 was only 766, or 1 insane to every 5,798 of colored population, and the proportion of white insane (native born) for that census was 1 to 1,157; in 1870 the whites had 1 insane to every 643 of white population and the colored 1 to every 2,678 of race population. The figures for 1880 show the whites to have an insane person to every 506 of population, and the colored 1 to every 1,069. In 1850 the colored insane numbered 638-in 1860, 766-in 1870, 1,822 and in 1880, 6,157. Though the proportion of colored insane to the population is not so large as in the white race, yet the per cent, of increase in insanity is much larger. In population there was an increase of 34.85 per cent. from 1870 to 1880, while there was for the same period an increase of 238 per cent. of insanity in the colored race. The foreign born insane are not included in these figures, but are included in the proportions given for the whole United States. The figures for North Carolina in 1880 give the proportion as 1 to every 546, or very near what is given for all the States. The tables show 1 colored insane to every 1,216 of colored population in North Carolina for the same year (1880).

^{*}Mr. Wines gives also tables showing the increase in the blind, in the idiotic and deaf mutes, &c. See Compendium of tenth census, page 1661 et seq.

Mr. Wines in his special report says the Negro is more liable to idiocy than to insanity. As it is often a question, especially to the uninformed on this subject as to whether a certain person was idiotic or in the last stage of certain forms of insanity, i. e., demented—the differential diagnosis between the two was fixed in the census office, according to the age of the patient when first attacked. After consultation with several alienists the age of puberty—12 in girls, and 14 in boys—was considered as the dividing age. All persons attacked prior to this age were enumerated in the census returns as idiotic. Those persons demented and having every appearance of being idiotic, were placed as insane when the first attack occurred after puberty. Of course, there is, in this plan, a liability to error in both classes but it is, perhaps, as nearly correct as can be obtained.

From the figures given it is evident, after making due allowance for imperfections of returns, that insanity in the Negro is increasing, i. e., there are more colored insane now to the race population than prior to their emancipation.

As factors in causing this increase, civilization and education bear prominent parts. It is well known that advances in the scale of civilization subjects a nation to a greater per cent. of insanity. In the last few years there has been much improvement in the colored race in this particular, with its accompanying misfortune as to the stability of his mentality. Bucknill and Tuke say* "that insanity attains its maximum development among civilized nations, remaining at a minimum among barbarous nations." Speaking of unfavorable causes incident to an advanced civilization, they claim as causes for an increase of insanity, "the increased susceptibility of the emotions to slight impressions,—the abuse of stimulants—the overwork to which the brain is subjected, especially in early life by an overwrought system of education—and that condition of the lower classes which is a constant attendant upon civilization—the higher emotions or moral sentiments, the lower propensities, and the intellectual faculties being thus all subjected separately or combined to an amount of excitement unknown to savage tribes." *

"On one hand then we have that severe—we might say desperate—intellectual and emotional strain which we affirm developes more insanity, than the opposite condition presented by the wild barbarian;

^{*}Psychological Medicine (Fifth Edition) page 81.

and on the other hand, at the opposite end of the social scale we have to contend with that accompaniment, if not product (however debased) of modern civilization, an impoverished class with brains ill-nourished, and yet frenzied by drink—exposed in consequence to the risk of madness—and if fortunate to escape themselves, certain in a large number of instances of to sow the seeds of imbecility or insanity in their children."

Comparing the Negro's former condition with his present state, and the force of the above causes of insanity will be readily appreciated by those acquainted with his character. He is essentially of an emotional character, not of the higher order of emotions it is true; feelings easily aroused: superstitious: fearful of hidden dangers; fond of the marvelous, and religious to an extent almost approaching fanaticism. Under his master's rule these were kept largely under subjection. His life was a routine, with but little to excite the emotions. Being now his own master and not having learned to control himself, he is easily carried away by anything of an exciting nature. His superstition is rather cultivated, instead of being suppressed, especially among the more illiterate of the race. His religious feelings being unsuppressed, are allowed to run riot. Their camp meetings and protracted religious services of all descriptions, are of the most excitable nature. It is deplorable the amount of drunkenness and debauchery there is among them, and as this is one of the causes of insanity, it is but fair to attribute a proportional part of the increase of insanity to the great increase in drunkenness in the race.

I know the causes of insanity as given in the applications for admission into the asylum, are open to criticism as being very defective. In fact, I believe that the true cause is not ascertained, or at least correctly given in a very large per cent. In the causes given religion and religious excitement are in the excess. Considering his fanaticism, superstition and the character of the preaching to which he listens, it is not at all surprising that we find his mind giving way under the excitement. After their emancipation, they at once severed all connection of a religious character with the whites; formed congregations, built houses of worship, and employed pastors of their own race apart from the influence of the white race. These preachers were often selected as much for their influence as for any piety with which they might be endowed, and while they may

have been, and doubtless were, sincere in their desire to benefit the religious state of their fellow-men, their course was calculated to arouse only the emotional nature of their hearers.

Education is generally recognized as a factor in the production of insanity, though the data at my command are not sufficient to warrant me in saying as to how much influence it exerts in producing insanity in the Negro. Taking the figures for the tenth census (1880) for North Carolina, we find that we have 81.62 per cent. of illiteracy in the colored population fifteen (15) years old and upwards, i. c., of persons unable to write. Of 108 patients now under treatment in the Eastern North Carolina Insane Asylum I find 22 able to write. Of course it is not claimed that the education caused the insanity in these cases, for many of them would have become insane under other circumstances. These figures are not given as a criterion by which we are to be governed because they are not sufficient to base an opinion upon. They may be of importance so far as they go, but were not collected with a view to the elucidation of this subject.

Before their emancipation, very few Negroes received any educacation, but of the younger generation, those grown up from childhood in the last eighteen (18) years, a fair proportion are able to read and write and from observation of the patients under my care I think I can with safety assert that there is an increase of insanity in the educated Negro as compared with the uneducated.

From the records of patients now under treatment thirty (30) years old and under, I find 35 per cent, with some education. The rate per whole number is only 20 per cent. These figures may not be exactly correct, for this reason; the histories of the patients do not state the fact as to whether the patient has or has not an education, and it is sometimes difficult to ascertain it from the patient himself. Several of those now known to be able to read and write were here for many months before the fact was ascertained. There may be others still of the very violent or of the demented classes, who have enjoyed the privileges of an education.

It must be remembered though that the decennial period—20 to 30 is the maximum age for attacks of insanity, i. e., that this period furnishes more cases of first attacks in proportion to population than any other. Thus, while we see an increase of insanity in that class enjoying an opportunity for an education, further observations with

fuller statistics are requisite for undoubted proof as to the education eausing the increase,

The want or need of hereditary influences of our educated fore-fathers and his ability to cope with his more favored brethren in this respect will have some influence on the stability of his mind in his mental efforts. For generations he has been unused to any mental effort whatever. His mind has not been trained to literary pursuits, and he has not bequeathed to his progeny that aptitude for receiving instruction that we find in others. As one writer expresses it, the difference between the two is like playing on two instruments: "in the one case he will find that he is playing upon a complex instrument, cultured-tuned and ready to give for the harmony on the occasion of a suitable touch, and in the other case that he has to do with a very imperfect instrument, harsh and untuned, out of which he can only get a few notes and never the highest notes, with all the skill that he can employ."

Like all races we find among them some in advance as to higher thoughts and higher feelings, ambitious to succeed and throwing themselves into competition with their Caucasian neighbors. These are in more danger from the effects of the severe strain on the mind than are those of the white race, who have inherited an aptitude for mental work, and certainly in more danger of insanity, than were their forefathers who had no such ambitious feelings.

In comparing the present poverty of the colored race or at least of a large per cent. of it, with their former mode of being fed and clothed, we find another potent factor for the increase of insanity in the race. Every physician doing a practice among them, will have noticed the extreme poverty, degradation, and exposure to which the majority of them are subjected. Blandford says in speaking of the causes of insanity among the lower classes: "Poverty, ignorance, fanaticism, and withal drink, are to be considered chief."* These can be held responsible for much of the insanity of the colored race, and as in his former condition there was no opportunity for the full play of these causes, so now that this opportunity exists we have a proportional increase of insanity. All these causes, except the poverty existed in his former condition, his ignorance was not exhibited so much, from the fact that he had his master to think for him; his fanaticism was kept under and while he loved drink as well then as now, his opportunities for indulging were more limited.

^{*}Lectures on Insanity. Page 146.

Generally well fed and well clothed he had but little thought for the morrow, knowing that his master would provide for him, he did not burden his mind with a thought as to any provision for self or family. After his emancipation he found himself called upon to provide for those around him. It is no wonder that so many sank into the direst poverty, and the only reason why more of them did not succumb to the fearful mental strain, must be that given by Maudsley, though at the time not alluding to this subject, viz: "mental organization must precede mental disorganization." While his poverty, his bad hygienic surroundings, his debauches, his drunkenness, may not cause insanity in him, we may confidently look for a race of children of lowered nervous organization. Epileptice, imbeciles and idiots, as the result of their present habit of living, are to be expected in their offspring.

Knowing the Negro's reputation for contracting venereal diseases, I had expected to find a good number of what the books call syphilitic insanity. So far I have seen very few who gave histories that would lead me to suspect gummata or other forms of syphilis as the cause of insanity.

Reviewing the matter in all its bearings, we may well come to the conclusion, that whatever causes insanity in the white race, becomes a factor in its production in the Negro, and that the increase in the last two decades, or perhaps we had better say in the last decade and a half, is from the better opportunities for the full effect of the causes. It may be that for generations the latent sparks of insanity have been dormant in the Negro, only needing a developing cause to fan it into a full blaze. This current is now supplied in freedom with its accompanying cares as to citizenship; the head of a family with its increased burden of providing for them; the full play of bis emotions and opportunities for indulging in alcoholic stimulants. Maudsley, in speaking of the causation of insanity, says: "Great mistakes are oftentimes made in fixing upon the supposed causes of disease in particular cases; some single prominent event, which was perhaps one in a train of events, being selected as fitted by itself to explain the catastrophe. The truth is that in the great majority of cases there has been a concurrence of steadily operating conditions within and without, not a single effective cause." "The germs of insanity are most often latent in the foundations of the character, and the final outbreak is the explosion of a long train of antecedent preparations.

"As the causation of insanity may thus reach back through a life time and even have its root far back in foregoing generations, it is easy to perceive how little is taught by specifying a single moral cause such as grief, vanity, ambition, which may after all be, and often is, a prominent early symptom of the disease which striking the attention of observers, gets credit for having caused it."*

As might be expected many differences are noted in the types of insanity in the two races. Where an educated Negro, or one of the better class becomes insane, and it is safe to say that this class is increasing, the difference is not so perceptible. As a class the insanity of the Negro appeals to a lower order of feelings; he is more profane; more vulgar; naturally less cleanly than his white neighbor, in insanity his filthiness is almost appalling, and cares less for the proprieties of life. In fact he seems to approach nearer the brute creation in his insanity. Much, if not the larger per cent. of his insanity is of a debasing nature, a lowering of the natural character of the person attacked and an increase of the animal propensities or perhaps it may be simply bringing out the latent forces that are held in subjection by the higher qualities of character. We do not have to look far for a cause for this difference, when we consider the wide gap there is between the races in reference to refinement, intelligence, accomplishments, social status, etc. We know that what would be considered very genteel or well-bred in one circle could not be tolerated in a higher social sphere. Conduct that would be disregarded or even perhaps commended in the one, would forever ostracise the offending individual in the other. Each race is reared under these widely different oircumstances, and it is not at all strange that the characteristics instilled into one from childhood, should be earried in part at least with the individual in his insanity.

I do not mean to say here that all insane of the white race are of a mild type and not addicted to a lower order of conduct, or that all colored insane are of a violent, profane and vulgar type, for such is not the case. The comparison is only between the striking characteristics of the two races.

I have been forcibly struck with the small per cent. of suicidal cases among the colored insane. Since my connection with the Eastern North Carolina Insane Asylum, I have had under my care near 200 cases of insanity without a single attempt to commit suicide.

^{*}Pathology of Mind. Pages 83 and 84.

The histories received with the patients give a few as having threatened suicide, and also a small number as having made the attempt before being received. I regret that I am unable to give more than generalities here, and could wish for statistics on the question. Whether this small per cent. of suicides is from the Negro's inherent love of life I am unable to say, but so believe. The causes generally given for suicide are so many and exist to an equal extent in the Negro as in the white race, that some such reason must be sought for the absence of a suicidal propensity in the Negro. Having no statistics I may be mistaken in this absence, I see no reason why the same causes operating on the white race and leading to suicide of the individual should not produce the same result if brought to bear on the Negro unless he has a greater inherent love of life. There are a few causes for suicide in the Causasian that do not exist to the same extent in the two races, one of which is reverses in financial affairs. As the colored man pursues a mercantile life but little, the chances for his having reverses are few.

I have never seen a case of general paralysis of the insane in the Negro. It is not definitely decided as to what is the predisposing cause for general paralysis, but it is becoming more common in the last few years. If it is caused, as some authorities hold, by drink, it should exist to some extent at least in the colored race. Other writers say its cause is to be looked for in excessive venery, and holding this view of it we should certainly expect to find it often in the Negro. Exposure to cold is given as a factor in its production, but then we cannot well claim that the Negro can endure more cold than the white man. It is, too, contended that business cares and trials are prime factors in its production. As we know that the Negro as a race has engaged but little in business affairs, we would not look for general paralysis in him, at least to much extent, if such were the case. Whatever its cause it cannot exist alike in both races or we would certainly see more of it in the colored man.

Any one having a set or single numbers of the "Medical Journal of North Carolina," (old series), will do well to communicate with the Editor of this JOURNAL.

A CASE OF CHROMIDROSIS. By F. Duffy, M.D., Newberne, N. C.

Reuben Clark, (col.) at. 65 years, consulted me about three months ago on account of the red color of his perspiration which he says has occurred occasionally during a period of about nine months. His usual occupation is that of a wheelwright but at that time he was engaged as a farm laborer. He showed me some reddish stains on his shirt collar and said that the colored perspiration was found over the surface of his body. A few days later he called, at my request, and brought a sheet on which he said he had been sleeping. This sheet had some bright red stains which he said were caused by perspiration. On several occasions after this I got him to put white cloths next to his body and bring these to me when they would become stained. (Some of these samples I have sent to the Editor of the North Carolina Medical Journal). Although I had before this seen two cases of reddish exudation from the skin-one. unilateral-chiefly in the right armpit, and the other about the groin -I had never seen so well marked a case both as regards the brightness of the red and the extent of the perspiring surface.

I was disposed to question its genuiness, but repeated observations and cross-examinations led me to believe the old man's statements. Recently, not being expected by him, I went to his house—found him wearing a blue checked shirt the collar of which was distinctly stained red. He said, with the exception of the stains which I saw he had not had any colored perspiration in several weeks. A close examination showed the stains to be chiefly on the right side.

My first knowledge of this patient was about six months ago when he consulted me on account of partial loss of vision accompanied with fever, pain in the eyes and around the orbit. His vision was O. D. 10-30, O. S. 10-30 ×. Glaucoma was suspected but tension was not sensibly increased. Ophthalmoscopic examination showed the refracting media to be clear. The results of the examination were chiefly negative. There is a slight appearance of atrophy of the nerve. He improved while taking full doses of quinine, bromide of sodium and fl. ext. of gelsemium. Fever and pains disappeared but there was very little change in vision.

During the past five years this man has been subject to seizures which I think are of an epileptic character. He says on one occasion

while in his workshop everything seemed, very suddenly, to turn upside down.

His daughter describes a sort of convulsive attack which he has at night while asleep, and which I take to be a mild form of epilepsy. These facts are stated to establish the probable neurotic origin of the chromidrosis. He complains of great languor when the sweats occur. He was treated with free doses of bromide of sodium followed with Fellows Syr. Hypophosphites under which he has improved.

[Note.—Two specimens of sweat-stained cloth were sent us. One was forwarded to Prof. L. A. Duhring, and the one we have before us is what we can best describe by calling it a watermelon-red.—Ed.]

CASE OF COMPOUND COMMINUTED AND DEPRESSED FRACTURE OF THE SKULL.

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Clinical Lecture delivered at the Charleston City Hospital, October 13th, 1883.

By Prof. Middleton Michel, M.D., Surgeon in Charge. Reported by J. Mack Hays, M.D, House Surgeon.

Gentlemen:—Of the somewhat active surgery of the past two weeks in this hospital, no case that you have witnessed calls for more serious attention in our clinical remarks this morning than a fractured skull of a patient upon whom we recently operated in the Negro ward,—not that fracture of a bone as delicate as any one of the cranial bones is of itself dangerous, but that the necessary phenomena attendant upon repair of a fractured bone, must, in injuries of the skull, necessarily come in contact with the brain itself. The consequent results of fracture such as laceration of tissues and blood-vessels, displacements of osseous fragments, inflammation, suppuration, etc., etc., become of ominous import when they involve any part of the encephalon; blood and pus infiltrates the structures, inflammation invades the substance of the brain and its membranes,

these may sustain laceration, depressed bone impinges with dangerous consequences as a foreign body upon the brain, and all or any one of these necessary events invests these particular fractures with alarming interest.

These phenomena are sooner or later the sequelæ of almost every injury of the cranial bones, but there are two constant and immediate accompanying symptoms in these fractures, that the surgeon should be alive to the importance of differentiating both as regards prognosis, and treatment; these are: concussion and compression. In concussion the brain sustains so great a jar or shock as temporarily and partially to interrupt its functions, though there may be no serious organic lesion; the patient is stunned but may be aroused after awhile; the pulse soft, weak, intermittent, is almost imperceptible; the pupils present no really fixed condition of dilatation or contraction; they may, and do respond to light; aroused for an instant, monosyllabic responses are the only replies to questions, when the brain again relapses into unconsciousness; sight, audition, olfaction, taste and tactile sensibility, are only in partial abeyance; the respiration is feeble and slow, but there is no stertorous breathing; no paralysis, no involuntary discharges of nrine or faces-or very rarely any;—like a watch in its fall to the ground, though its chrystal may not even be broken, yet its workings become arrested, -so the encephalic centre sustains no damages, but temporary functional suspension; yet, alas! the functional suspension of any organ is always imminently dangerous.

In compression, as it is called, especially from depressed bone, every function of brain and body is in consentaneous distress, and the brain phenomena are immediate upon the receipt of injury; every part suffers from suspension of neurility in the cerebral cortex—if I may be allowed to offer this as my physiological definition of compression;-your finger is upon the balance-wheel of the watch, and everything is stopped! Deprived of sensation and motion the patient hears or sees, moves, nor feels; the eyes are fixed; pupils, through paralysis of third pair of nerves are largely dilated, with no response to light; go to the chest, the respiration is labored and stertorous-this means paralysis of the palate; but if paralysis be complete on the opposite side of the lesion, complete hemiplegia exists—there may also be facial paralysis; the pulse is labored and oppressed; the bladder is paralyzed, and retains its urine.

Such are the dangers of the simplest skull fracture from its vicinage to the brain. Like fractures elsewhere we here meet with single, compound and comminuted, but in this locality we also speak of *fissure* when the bone is only cracked, and of fracture with depression when spiculæ are displaced, from its significance and importance. We restrict our remarks, however, to the kind of injury which our patient presented.

Walker Barnes, col., at. 30, was brought into hospital September 23d—the second day after the reception of his injury. You remember the patient's wound occupied the right latero-superior portion of the frontal bone, bordering the coronal suture, implicating the skin to some extent. Both plates of the frontal bone were fractured, and the fragments driven in upon the brain, a condition exactly similarly to the one presented here in this specimen from my private collection, obtained from a patient of mine.

The diagnosis of our case was plain enough; this was a compound comminuted fracture with depressions, and laceration of the meninges, and brain, as shown by the autopsy; but the differentiation of the symptoms he presented, and the real nature of his critical condition from such a wound was not perhaps as easily interpreted by you all. Let us then carefully analyze these symptoms. He was in a semi-comatose state, could not speak, nor could he be aroused to complete consciousness, though when repeatedly urged to do so he protruded his tongue; the pupils were apparently normal—there was no paralysis, though there was no voluntary movement; the pulse was very feeble and slow; his respirations were equally so, but not stertorous; there were no involuntary discharges of urine or fæces, though he must have voided urine since the accident, as the bladder was not preternaturally distended.

Now, this is what we, a few moments ago, spoke of as concussion, with some symptoms of compression, as it was the second day of the accident.

As to the treatment of such a case, you were all eye-witnesses to what was done during the few days that he lived. The first indication was to relieve the brain of any possible immediate source of distress. Now whatever may be said of the variance of opinion among surgeons as to the use of the trephine, I belong to that class who cannot stand by a patient with an open wound of the cranium, with depression of fragments of bone, and indulge in complacent

dogmatism as to the danger of interference; we, therefore, removed with forceps a piece of loose and deeply depressed bone, when you saw a slight escape of matter, looking like pus and serum, which proved to be cerebral substance; two larger fragments of partially detached and depressed bone were also removed; all of which was accomplished with the elevator and scissors, as there was no need of the trephine. Cautiously cleansed of blood-clots, the wound was emarginated with scissors, and partly closed by suture, leaving an opening for drainage; after which compresses of weak carbolized water laid upon the wound, formed the only dressing. He was so far benefited by the operation that one of my assistants who had his finger upon the pulse, recognized and stated at the time that the pulse recovered somewhat of its volume and force, so soon as the depressed bone was raised.

Now, the next indication was to avert the threatening inflammation of the meninges and brain, and this was sought to be accomplished by a strictly antiphlogistic course; ice-bags were placed about the head, quinine and opium given, absolute rest and quiet in a darkened room where the patient was isolated, was insured, and a revulsive action through the intestinal canal solicited by enemata, as he could not then swallow. Later on, croton oil was given him, by placing a drop on the back part of his tongue.

The next day he was able to speak a little and swallow, and he even asked for food. Suppuration, however, occurred, which was prevented from escaping, by protrusion of what is perhaps not strictly speaking a hernia of the brain as it is commonly called, but rather a fungous growth from the cerebral substance, which almost always occludes the outlet,—in this case required to be excised by Dr. Hays, who also removed the stitches, as they threatened to tear out of the tissues; yet exudates wended their way between the brain and skull almost to its base, as you saw at the autopsy.

Then you witnessed the supervention of encephalitis, and finally of compression; first, in the muttering delirium and nervous agitation and convulsions which ensued, and then in the hemiplegia opposite to the lesion. At the autopsy there was evidence of a highly hyperæmic and congested state of the brain, a deep excavation which the pus had increased until it reached beneath the sub-cortical region of the site of the wound; there was no serum in the ventricles, neither did we find abscesses in lungs or liver, where they often

occur, as I once before had occasion to explain to you, in injuries of the head all our efforts failed to interrupt the steady progress of events, too frequently the consequences of fracture of the skull.

As some mystery is connected with the receipt of this man's injury, the investigation of which, very properly is in the hands of the coroner of this county, we may take a medico-legal view of the case—for should the cause of death become the subject of judicial inquiry, it may be asked whether this was what the law requires should be shown to have been a mortal wound, or whether recovery might not have taken place, had no surgical interference ensued. In reply let me remark that such wounds are directly mortal, especially should the fragments of bone press on the brain; but even should the wound heal perchance, though the nerve centres may tolerate the pressure of depressed bone for awhile, epilepsy and ultimate death must ensue; and again the objection frequently urged against the trephine or elevator, is that the surgeon converts a comminuted into a compound fracture, by his incisions; but in this instance there was already an opened wound and loose bone only was removed; in other words, the wound was placed in the best possible condition for repair and suppuration.

Occupying, as is generally known, the chair of Physiology in the Medical College of this city, it is natural that I should view this case again from a biological stand-point. Such then have been the recent discoveries into the functions of the cerebral cortex as motor areas or centres governing the contractions of associated groups of museles, in different parts of the body, as for example the arms, legs, face, and oagans of speech, and the determination of what have been recognized as the epileptogenic zones, that without going into detail on this interesting and important subject, let me say that the time is approaching, when our knowledge of the physio-pathology of the cerebral cortex shall be as exactly known, as is now Broca's logopoetic or speech centre, which knowledge will so far revolutionize our surgical notions respecting the use of the trephine, that the surgeon who refuses immediate assistance in relieving these centres, will be as unfaithful to his patient, as he himself will be reprehensibly delinquent.

CLINICAL CASES.

By W. Peyre Porcher, M.D., Charleston, S. C.

CASE I.—PUNCTURING THE PERINEUM FOR RELIEF OF CYSTIC PARALYSIS.

George G., col., æt. 65, had had one attack of retention several years previously; but never had had any urethral irritation. The constant eatheterism being very annoying to him and there being a great liability to urethral fever a perpetual outlet for the urine was deemed advisable. An instrument was therefore constructed after the method of Mr. Harrison, of Liverpool, consisting of an ordinary curved rectal trocar with shield at base, so modified as to admit of an elastic tube with a stopcock at one end, being attached to carry off the urine. Pieces of tape were passed through apertures in the shield so that it might be retained in position.

The patient being slightly chloroformed, with my finger in the rectum as a guide, the instrument was introduced $1\frac{1}{2}$ inches above the anus in the median line of the perineum passing through into the bladder. On withdrawing the trocar the urine flowed freely through the tube, but owing to the extreme age of the patient and some delay in having the instrument properly constructed we found it impossible to resuscitate him and he succumbed to uræmic coma some time after.

CASE IL -RUPTURE OF UMBILICAL BERNIA WITH REDUCTION.

Was called to see E. B., col., æt. 13; found a portion of omentum protruding through the umbilical opening about as long and as broad as the index and middle fingers together, reminding me forcibly of the rose comb of a rooster. It was tightly constricted by the opening in the abdomen at its base.

The parents of the child stated that the tumor had been about the size of a hen's egg, and that it had occasionally been very much swollen. She had fallen from an elevated pavement, (about 1½ feet in height,) striking herself against a pump in the fall, about two hours previously. I attempted to use taxis, but failed on account of the tightness of the constriction and the tenderness of the parts.

She was, therefore, put under chloroform and the constriction nicked. Much force was required in the reduction of the omentum. A single suture was introduced to hold the parts together, and a pad of carbolized cotton placed over the wound with a bandage to retain it.

She was ordered: R Quinia sulph., grs. iii; pulv. opii, grs. $\frac{1}{2}$ ter die, which completely controlled all symptoms of peritonitis, and she made an uninterrupted recovery.

CASE III.—PUERPERAL CONVULSIONS TREATED WITH LARGE DOSES OF ATROPIA SULPHATE.

Estelle Smalls, col., at. 20, primipara, had had five convulsions—her labor having lasted about 12 hours. Morphia sulph, gr. \(\frac{1}{4}\) was given hypodermically. No visible effect being produced, she was given one-half of a solution consisting of atropia sulph., grs. \(\frac{1}{4}\), aqua m. xx. After twenty minutes, her pupils failing to respond, the remaining 10 m. were injected. Complete dilatation was then obtained. This was followed after seven hours with but one slight convulsion, and the patient made a complete recovery.

Allowing for slight waste in administering it, and the solution of the drug possibly not being complete, it is safe to compute that she received fully 1-6th of a grain, illustrating the fact that in heroic cases such as opium poisoning, etc., one must be governed by the therapeutic action shown, rather than the rules prescribed in ordinary cases.

I ventured on these large doses from having seen them used while House Physician in the City Hospital, in cases of epileptic convulsions, and chronic peritonitis.

Since writing the above I have administered over 1-5th of a grain of atropine, (4-15ths to be accurate), hypodermically, having previously given tinet. opii, gtt. xl in divided doses in a case of epilepiform convulsions. The pupils were only slightly dilated. Chloral hyd., brom. pot., and morphia were also given in the intervals. The convulsions were entirely checked.

I report these cases because the doses used were far beyond those mentioned by any author with whom I am acquainted.

CASE IV.—FŒTUS RETAINED IN UTERO SIX MONTHS AFTER LABOR
HAD SET IN AT FULL TERM.

I was requested to assist a physician in the country, in the management of the following case, the facts in the previous history of which, can be vouched for by perfectly responsible parties:

The woman, colored, æt. about 35, had been an unusually stout person, weighing about 190 lbs. Labor set in on the 7th day of April. She failed to get a physician at the time, but was seen by one some time after, who pronounced it to be a cold. We saw her about the first week in the following October, and found her extremely emaciated, there being a terrible fætor in the room; on examination a portion of one limb was found presenting, which proved to be the femur.

I would mention here that the nurse, a very intelligent woman, stated that some bones had been discharged per rectum with her fæces. The patient's strength was so much exhausted that repeated doses of whiskey were required, and threatened exhaustion appeared more imminent momentarily. Having a pair of bullet-forceps we introduced them into the os and dilated it as much as possible; then grasping the presenting thigh with a pair of shoemaker's pincers, which fortunately happened to be a hand as it was the only instrument in their reach that would retain any hold, it was drawn down into the vagina and a stout piece of cord attached.

The fœtus was then delivered but with the greatest difficulty as it was found to be in an advanced state of putrefaction, the flesh giving away as soon as it was seized, so as to compel its removal almost piecemeal. The fœtor was overpowering. A dose of oil and brandy was administered, and the patient expressed herself as feeling comfortable.

But here occurred a remarkable feature in the ease. On visiting her the following day, she had rallied completely. The nurse stated that the oil had acted well; the fæees, however, had passed both through the rectum and the vagina, proving the existence of a rectovaginal, or recto-aterine fistula, and accounting for the discharge of the bones of the foot and foreleg.

I supposed it to be a recto-uterine fistula, because, had the bones entered the vagina at all they would naturally have passed out at the vulva. The presentation appears to have been that of a knee,

the bones below the knee having separated and worked their way through as stated above. We found no placenta, it was probably decomposed and thrown off. I could never find out definitely any of the after-treatment, but the fistula healed completely, and she made a good recovery, fully regaining her former strength and weight. She walked three miles, three months afterwards, to bring me a present.

THE SUICIDE OF AN ANTI-VACCINATIONIST.

The Lancet (September 29th) makes the following comments, which are worthy of general reading:

"When we indicated last week that anti-vaccinationists would be enlightened by nothing else than an experience of the disastrous potency of small-pox in its unmitigated forms, we did not expect such a speedy illustration of our words. Mr. Wm. Escott, of Rotherhithe had some months ago an outbreak of small-pox in his house and lost his wife and three children. It was alleged that this was a consequence of his disapproval of vaccination. Along with contempt of vaccination there generally exists a sort of disregard for the risk of small-pox; and it was added that many caught the disease through Mr. Escott's carelessness, and that one young man died through lending him a coat for the funerals. To crown this calamity a discussion of the whole matter took place at the Rotherhithe Vestry, at which the Rev. Mr. Beck, the Chairman, seems to have made some very natural observations. The result of all was that Mr. Escott committed suicide. Here, then, are five deaths, and many small-pox cases due to the absurd notions of an anti-vaccinationist. Let others of his class take warning by his fate, and judge from it what will be their feelings when a favorite child, or possibly three, lie dead in consequence of conceited and absurd objections to the most beneficent discovery of medical science."—Maryland Med. Jour.

Post-graduate colleges are becoming more and more patronized, and must eventually take permanent foot-hold.

SELECTED PAPERS.

OPHTHALMIC THERAPEUTICS.

At the last meeting of the Ophthalmological Society of the United Kingdom, Mr. Jonathan Hutchinson, F.R.S., etc., made some sound observations upon the rapid dissemination of well-known methods of treatment in commoner diseases of the eye. "Almost all the examples of the common forms of eye-disease come under the care, in the first instance, and often throughout, of those who are not specialists, and have, perhaps, never even had any training in an ophthalmic hospital.

* * Whether or not the surgeon concerned desire it, they must perfore take charge of 'eye-cases' as well as of others." It is in reference to practitioners so placed that Mr. Hutchinson suggests that this Society has a duty to perform by disseminating among them proven schemes for treatment.

"If I trouble you with a few examples, I shall probably best be able to convey my meaning. Concerning the treatment of syphilitic iritis there is probably but little hesitation or difference of opinion amongst specialists; and perhaps I could hardly mention another disease respecting which the opinions of specialists are more widely known and accepted. That atropine should be used from the first, frequently, freely, and in strong solution, and that mercury and iodide of potassium are very useful, and ought always to be given, but in no degree compare in importance with mydriatics, I take to be the acknowledged canon; yet in spite of our emphatic agreement in this matter, many eyes are lost every year for want of the prompt application of this knowledge. It would be easy to prepare an explicit schema for the treatment of this disease, giving the exact strength of the atropine, the frequency of its application, the precise dose of the mercurial, and suggesting a few of the more important means which help to success, such, as a purgative, leeches to the temples, and low diet. This might he done in ten lines, and so printed in a visiting-list or pocket-book that it should be readily accessible to all. It would be better that such a schema should be propounded under the auspices of a society, than that it should come from an individual. In many parallel instances, the discussion and examination which such schemata of treatment would receive at the hands of our Society would, no doubt, be of great use in perfecting them, as well as in adding to their authority.

"I do not doubt that there are, at the present moment, whilst I am speaking to you, in the homes, the schools, the workhouses, and the hospitals of England, some thousands of children who are suffering from ulcerations on the cornea, attended with intolerance of light, causing the patient great distress through many months, and destined often to leave disfiguring and incapacitating scars.

"If my own experience may be trusted, I believe that three-fourths of these would be almost well in the course or a fortnight under the use of a very weak, yellow oxide as mercury-ointment. Many of them, no doubt, are getting it, but a considerable majority, probably, are not; for the rule of treatment is not yet universally acknowledged amongst specialists, and certainly not very widely known in the profession. If this Society could, after an examination of the subject, determine upon the recommendation of an explicit formula, which would be likely to result in the prompt cure of these very troublesome cases, it would confer an immense boon upon the public. Such a formula, so recommended, would be copied into every medical journal and into every manual. It would be reprinted over and over again, and would become the property of the whole profession.

"Is it not somewhat humiliating to reflect that, if a quack were to bring out a very weak Pagenstecker's ointment, give it a telling name, and push it into notice as a specific for chronic inflammations of the eye, he would be a public benefactor? No doubt, it would often be used in error, but it would even then do little or no harm, and I have not the least doubt that the balance of gain would enormously preponderate. My own experience has been that, since I knew the virtues of this ointment, I have been able to abandon almost entirely the use of blisters, setons, and like painful measures, and to effect the cure in a tenth of the time. I have reason to think that a large majority of ophthalmic specialists have had a like experience. The we hesitate to come boldly before the general profession, and announce loudly an important item of progress. We fear to boast, we dread to impair the scientific spirit by the formation prematurely of general rules; and seeking to quiet our consciences by reminding ourselves that, after all, the thing is no secret, we do nothing further in the matter. Our reticence is a loss to the nation;

it is an injury to hundreds and thousands whom the benefits of modern ophthalmological science might reach, if we would only consent to throw aside our scruples.

"Is it not a frequent failing amongst the more scientific part of our profession to become superfine? We dread the spirit of the charlatan and the self-seeker so much, that we come, like David when in presence of the sinner, to hold our peace even from good. In the individual, scrupulous care in these respects is most meritorious; nothing is less to be desired than that those who believe themselves to have made therapeutic discoveries, should deem it their duty to proclaim them ostentatiously. Let them be brought forward, in the first instance, quietly and under the cognizance only of those skilled to judge of them. But the fact that it is meritorious in individuals to abstain from pushing their favorite remedies only throws the duty to which I have been alluding the more definitely upon public bodies like ourselves. No one could impugn our motive, or doubt our sincerity, and our verdicts would be received, not certainly as final, but as entitled, at any rate, to a temporary acceptance.

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"I might easily mention a number of special types and forms of eye-disease, purulent ophthalmia, rheumatic iritis, episeleritis, catarrhal ophthalmia, glaucoma, and the like, for which definite schemes of treatment could easily be laid down.

"It will, I have no doubt, be objected that, after all, successful treatment depends upon the correctness of the diagnosis. statement is almost as obvious as was the famous injunction to first catch your hare. It is no reason that, because diagnosis is difficult, therapeutics should be left in a muddle also. I might urge, further, that I believe, working in the same lines, this Society might do much to put the diagnosis of eye-diseases more easily within the reach of British practitioners in general. There is no one present who has not been pained over and over again by having to treat cases of glaucoma which were brought to him too late. In spite of all that has been done by specialists, and in spite of the fame which iridectomy-cures have obtained, it is still the fact that a large proportion of cases of acute glaucoma are unrecognized during the first fortnight by those under whose observation the patients come. Practitioners of the most scrupulous care, of wide general information, and the most conscientious regard for their patient's good, are yet very

commonly misled by the acute congestion and severe constitutional symptoms which often attend the early stages of this disease. It was my fortune, some years ago, to operate upon three cases of this kind in one week, in all of which the proper time for interference had been allowed to pass by, on account of the patient's severe general illness. In one instance, I became acquainted with the facts of a case, in which a benevolent country surgeon, aided by two or three friends, was himself maintaining a lady who had lost her sight, and consequently her occupation, from double acute glaucoma. He had himself attended her from the beginning, and when I gently hinted at the possibility—to me a practical certainty—that iridectomy at the proper time would have saved the lady's sight for the rest of her life, he promptly replied, "that the eyes were so much inflamed in the first instance, and the patient so ill, that he was quite sure I should never have thought of operating. I said no more; for it would have been cruel to tell him that these were the very symptoms which denoted the necessity for an operation. which denoted the necessity for an operation.

which denoted the necessity for an operation.

"Some years ago, in the early days of the kerotome, I felt so strongly on this subject, that I had some thoughts of engaging a full page in a medical paper for a big red-lettered anonymous advertisement, so staring that all must read it, stating in a dozen words, the symptoms and inevitable result of glaucoma, together with the certainty of its cure by operation. And now looking back upon such impulses of enthusiasm, I do deliberately declare my conviction that a Society like our own would have been more than justified in taking such a step. At that time acute glaucoma probably had, on British soil alone, its daily victim whom it left in irrevocable blindness. In the present day the number has been greatly diminished, but it is still, no doubt, very considerable. Our confidence in the remedy which we then hailed has remained unshaken; and it is most certainly a very melancholy thought that there are thousands now living without sight who might have saved it very easily had there existed any efficient means for the rapid diffusion of the new knowledge.—

British Medical Journal. British Medical Journal.

THE USE OF THE BROMIDE SALTS FOR ABDOMINAL NEUROSES.

There is so strong a bond of therapeutic association between the bromides and the neurotic troubles of head and chest, that we are ept to forget how useful the same drugs may be for sundry disturbances of the digestive organs; and yet all the physiological analogies of the subject would lend support to this doctrine. No one claims for the potassic and sodic bromides that they can clear away heterologous exudation, and mend damaged textures. But those of us who are still old-fashioned enough to believe in "functional derangements," or dynamic force temporarily perverted, can easily understand that there are certain aberrations of the cerebrospinal system, which, being of the same kind wherever they are situated, may be expected to yield to the same medicines.

For an elderly widow lady, tormented rather often with "emotional diarrhæa," I prescribed a few years ago some ordinary astringent remedies, with minute doses of opium, to be taken according to her needs. But, for another malady, sleeplessness, I gave occasionally moderate quantities of bromide of potassium. She discovered, however, that the latter remedy did her diarrhæa more good than anything else, and that, whenever it was taken at bed-time, the next day passed without any alvine looseness.

Fourteen years ago, Dr. J. Waring Curran recommended potassic bromide for the vomiting of pregnancy; but its real value could not be determined, as other things were combined with it (*Medical Press and Circular*, July 14th, 1869). But I have given the medicine in its pure form, and simply dissolved in water, and never without marked, though perhaps only temporary, success.

The distant echoes of cholera justify us in recalling some important observations by the late Dr. James Begbie, who spoke of bromide of potassium as able to strip that dread disease of some of its terrors (*Edinburgh Medical Journal*, December, 1866). He gave it in the earlier stage of collapse, and in quantities of twenty or thirty grains, at hourly, or even half-hourly, intervals; and he records the cessation of vomiting, the arrest of eramp, and the speedy return of warmth and color to the previous cold and livid surface. He tells us that the medicine was tried fairly, both in the Leith and Edinburgh Cholera Hospitals, and that its use in both institutions

did not disappoint expectations. It is good to feel better fortified against the most painful and mortal of all abdominal neuroses.

Lastly, I may glance at the use of the bromides in the treatment of saccharine diabetes. Here again Dr. Begbie started a line of therapeutic inquiry which has been successfully worked by other practitioners; and, at this moment, I have under my care a lady, between 50 and 60 years of age, whose special diabetic symptoms are clearly kept much in abeyance by a large dose of bromide of ammonium every night. Would this illustrate what has been called the "alterative and absorbent effects" of the bromides on the liver? -John Kent Spender, M.D., in British Medical Journal.

WILLIAM HARVEY.

It is impossible to convey to a layman the feeling with which a physician, who honors his craft, regards the great man whose remains have been lately rescued from further decay and placed in the chapel above the vault where they rested so long unnoticed and almost forgotten. Standing, as every doctor should who goes to London, before the admirable portrait, by Jansen, in the College Hall—something of Harvey's true presence returns for any imaginative person. The face is grave, but gentle too, with a not unkindly cynicism in the lines about the mouth. The head, well moulded, rises, above watchful eyes of hazel, the hair is gray and scanty, the features elegant and slight like the form. It is not a face which disappoints you. It is not unworthy of the great thoughts which lay behind its shapely forehead, nor of the wise words which must have parted those lips. The hands crippled with gout can be seen in the picture; but they are finely formed and have the look of skilled use they ought to have had, to have been the artful servants of that marvellous brain to which God had given the power to unravel the mystery of the flow of blood through artery and vein.

It is pleasanter, somehow, to think of him as resting in the church where he was laid by the merchant brothers who were proud of his fame, and where he, no doubt, had often knelt, than in the crowded aisles of Westminster, to which at one time it was proposed to move

him. The Harvey's were new people in James the First's day; but getting money in trade built them a manor house in Essex, and laid their bones there, and in time carried thither the greater brother's remains,

To reach Hempstead, you drive from the quaint, old town of Saffron Walden, and climb a short hill-side to a lonely little church, where the Harveys scem to possess all the monuments, and where the illustrious William is the single memory of any value.

He was, as some think, the greatest of all great physicians. We know what he did, and we can only grieve as we vainly guess how much more of what he did was lost forever when his house was sacked and his papers burned.

His manner of work was essentially modern and experimental. His speculations on his difficulties and his results were humbly reverent, for he was of those who conceive that into the Kingdom of Heaven, they who come with the submissive and duetile ways of childhood, will enter most easily.

One could wish that among those who bore the remains of Harvey to the new home which his medical brethren and heirs have provided, there had been some one out of the many who venerate his memory on this side of the ocean.

For surely with us this esteem for Harvey is deep and abiding, and we strongly feel that, as doetors, and as of English blood, we have a right beyond that of the German or the Frenchman to feel pride in the great thing he did, and to be thankful for the truth, the purity, and the manliness of him who did it. Strangely enough, his face, with its fine line, is unlike the English visage of to-day, and is far more like some of the studious faces which haunt the elm shades of Harvard or Yale than those which are to be met among the monastic courts of his own Cambridge.—Phil. Med. News.

APOMORPHIA IN EPILEPSY AND MANIA.—Dr. A. M. Fauntleroy, of Staunton, in his report to the Virginia Medical Society, on the Advances in Therapeutics, etc., (Virginia Med. Monthly, October, p. 482) says that he has repeatedly witnessed the effects of apomorphia as an abortive of epileptic seizures, and as a calmative in acute mania.

In the British Medical Journal, October 27th, 1883, there is a very instructive lecture by Lennox Browne, F.R.C.S., Edin., on the photography of the larynx and soft palate, during the act of singing. The difficulties in the way of catching a photograph of a part so hidden from view as the larynx, can hardly be understood by those who find laryngoscopy difficult. Even in the patient who has the best educated tongue and throat, who can control himself for the longest time, the exposure of the larynx is but momentary. Now when we come to focusing the image of the larynx on a photographic plate, great difficulties stand in the way.

Mr. Browne gives a history of the number of photographs of the larynx which have been published. These are by Professor Czermak, of Pesth, and Dr. French, of Brooklyn, N. Y. To Dr. French is also due the priority of photographing the posterior nares.

The lecturer described the method he adopted in getting his photographs. With the assistance of Mr. Behnke, a lecturer on vocal physiology and a teacher of voice production, in London, he made the attempt. Mr. Behnke's ability to control his tongue, and show his throat without the necessity of dragging it torward with a dry napkin, and his knowledge also of the elements of success in the operation, all combined to aid in its accomplishment.

The light used for photographing was Siemen's electric light, of 10,000 candle power; "secondly, a water-chamber-lens, through which a current of water was constantly flowing, so as to absorb as much as possible of the heat rays; thirdly, a condenser consisting of two plano-convex lenses; and, fourtbly, a mirror, with a plane surface, to reflect the light."

Mr. Browne goes on to describe the process: Mr. Benke takes in his hand a larygeal mirror; he sees himself in a looking-glass attached to the shutter of the camera, so that the image should be in an exact line with the sensitive plate. The operator, having focussed this view, jointly agreed by us to be a good one, the sitter gives the signal for the shutter of the camera to be raised, by dropping the upraised index finger of the left hand. The exposure was only for a quarter of a second. It was necessary for all of the gentlemen concerned in the work to wear very dark goggles to protect their eyes from the glare of the powerful illumination.

The resulting photograph which accompanies the lectures, is original, and "untouched," and is placed on the same sheet side by side, with an image published by Czermak, in 1863, and another photographic image of the larynx singing in upper chest or "upper thick" register.

Mr. Browne calls attention to the difference between the appearance of the arytenoid cartilages, as seen in his photograph, and that usually given in the books. Czermak's image is the one most frequently seen. So much was Mr. Browne wedded to his old impressions of the larynx, that he had some difficulty in coming to the conclusion that his photographic copy was correct; but this he proved by finally comparing it with Mr. Behnke's own larynx, as seen in the ordinary way with the laryngoscope. The double outlines of the arytenoid cartilages, are strikingly different from Czermak's, and the sharp outlines seen there satisfy Mr. Browne that the pencil of the retoucher has been actively at work.

"It must be borne in mind that, while we are duly grateful for the success so far obtained, we yet look upon our past labors merely as a beginning, and we hope, at some future occasion, to be able to show the larynx under circumstances which, with the means hitherto at our disposal, it was impossible to demonstrate. We trust also to

show the larynx under circumstances which, with the means hitherto at our disposal, it was impossible to demonstrate. We trust also to obtain some images of the female larynx, and to prove thereby, what we boldly assert, that the female vocal organ is not simply a reproduction on a smaller scale of that of the male, but that it has special arrangements and capabilities for production of certain tones, which, except in boyhood, are not often found in the male sex."

"The lecturer next presented a series of photographs, showing the different positions assumed by the soft palate in the production of tones differing in pitch or quality: "It has long been felt by a few that the soft palate, by its continual variations, exercises great influence upon the tone, and I have myself insisted on this point very strongly. * * The influence of the soft palate upon the pitch of the voice is probably due to the action of the palate-pharyngei muscles, which pass from the soft palate down to the upper horns of the thyroid cartilage; so that the raising and tightening of the soft palate, in conjunction with the muscles just named, has the effect of approximating the upper horns of the thyroid, thereby narrowing the tube above the vocal ligaments, and assisting in the formation of high tones." formation of high tones."

In conclusion the lecturer says: "I do not anticipate that photography of the larynx can be extended beyond the boundary of physiology. To expect photographs from life of pathological conditions is plainly unreasonable, since those we have seen could only have been obtained by elaborate and costly machinery, and above all, by a subject possessed of unusual, indeed, in my experience, of unequalled knowledge of what was our goal, and of skill and endurance necessary for its attainment."

Mr. Browne says that his demonstrations of the nasal quality of the voice produced by a collapse of the palatal arch and long and pendant uvula, should effectually silence objections to snipping the uvula in cases where great relaxation has produced actual paresis of the palatal muscles; and the same remark would apply to the removal of enlarged tonsils.

The above with Mr. Browne's previous contributions to diseases of the throat, establish his reputation as a keen observer, and a versatile author. It will be remembered that the illustrations in his work on diseases of the throat were colored and transferred to stone by the author himself.

The Medical Society of Virginia at its last meeting, by formal resolution, endorsed the Rockbridge Alum Springs water in numerous diseases. The members must have been treated in princely style by the proprietors. They evidently think more of this water than a certain North Carolina brigade that watered up at the Springs en route to Washington city, in Early's famous Valley Campaign. It was no use to explain to a "Confed." who had spoiled his only canteen with the villainous stuff, that it was the very dose for his chronic diarrhæa. We know of a certain Assistant-Surgeon who would have served the rest of his life before he would have recommended a North Carolina soldier to drink Rockbridge Alum.

EDITORIAL.

THE NORTH CAROLINA MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY, PUBLISHED IN WILMINGTON, N. C.

THOMAS F. WOOD, M. D., Wilmington, N. C., Editor.

Country, and especially from the medical profession of The Carolinas. Articles requiring illustrations can be promptly supplied by previous arrangement with the Editor. Any subscriber can have a specimen number sent free of cost to a friend whose attention he desires to call to the Journal, by sending the address to this office. Prompt remittances from subscribers are absolutely necessary to enable us to maintain our work with vigor and acceptability. All remittances must be made payable to Thomas F. Wood, M. D., P. O. Drawer 791, Wilmington, N. C.

INSURANCE FEES IN NORTH CAROLINA.

There is some doubt in the minds of many of our readers about the position of the State Society in regard to the fee to be demanded for examinations for life insurance. By a formal resolution some years ago the fee was fixed at five dollars, both for the examination for policy, and for certificate for cause of death. At the time the resolution passed, it was considered merely the authoritive expression of the Society, the members of which had been virtually adhering to the fee of five dollars for these examinations, for a number of years.

At the Wilmington meeting of the Society the question came up in a new shape. Coöperative insurance clubs and societies had been formed, as a matter of necessity, to secure for the great numbers of people who could not afford to pay the premiums charged by the regular insurance companies, a cheap insurance. The impoverished condition of our people was such, that any attempt to secure provision for bereft families at all approaching to that afforded by insurance companies, provided it could be done cheaply, was very

properly met in the spirit of economy in which the movement was inaugurated. It was such considerations that led the State Society to make an exception in favor of these societies, permitting them to make examinations for a sum less than five dollars.

As the matter stands, the profession is under obligations to charge five dollars for examinations for regular insurance companies. In fact, the best of these companies do not want cheap examinations. They are willing to pay \$5 when they are satisfied of the skill and honesty of the physician serving them, and en passant, we will say, they get their money's worth—requiring an examination of the nrine of every patient in addition to the old requirements.

Now that these unitual aid insurance "clubs" and "lodges," etc., have had several years of experience with cheap insurance, we would like to hear the opinion of some gentleman, who like our friend Dr. W. J. H. Bellamy, of this city, has so zealously, and with such rare good judgment, supervised State examinations for several years,

We can say this much in favor of the medical examiners of the Knights of Honor in this State, that they have allowed no one to make examinations for membership to their societies, except those physicians who had received the license of the State Board of Medical Examiners, or who having graduated before '59 were not liable to the requirements of the law.

We think the State Society would do well to reconsider this question. In fact, Dr. Thomas Hill, of Goldsborough, has signified his intention to bring the whole matter up before the next meeting in Raleigh, May, 1884.

A PROPOSAL TO RE-INVESTIGATE THE ACTION OF TOBACCO.

The wide spread use of tobacco among the men, women, and even children, in some parts of our State, is exerting a perceptible influence, an influence so marked in numerous cases, as to arrest the attention of the physician. The North Carolina Medical Journal desires to be the medium through which the question can be thoroughly investigated and discussed. It is desirable that the medical

points of the subject should receive the largest share of attention. The moral considerations involved are hard to separate from the purely medical, but it is believed that those who are addicted to the use of tobacco would more readily discuss a question from the medical standpoint.

We propose to send out a blank form of questions, leaving room for a full expression of opinion. The circulars will be distributed to every member of the regular profession in the State whose name and address can be ascertained and will cover the following points:

1. Is the use of tobacco harmful?

If you have noticed injurious effects please reply what have been the manifestations—(a) as regards the nervous system; (b) the digestive system; (c) the circulatory system; (d) the sexual system; (e) the visual and auditory apparatus.

In describing cases it is important that the sex and age should be stated, and the form in which the tobacco is used, and that the period of addiction should be ascertained.

2. The points which have been most prominently brought forward during the last few years should be especially examined, either to refute or confirm them. For instance, good observers have stated that a serious anemia among lying-in women addicted to sunff-dipping, has resulted in post-partum hemorrhage.

That a weak and irregular heart has been observed especially among lads who smoke eigarettes.

That a peculiar amblyopia is noticed among elderly men who smoke.

That paralysis is a possible result from excessive smoking and chewing.

These, and numerous other points have been especially called forth by writers of late. It is believed that very important facts can be collected by this investigation, and the time seems to be opportune for the medical profession to look seriously at the whole subject of tobacco addiction. At present there is no authoritative voice in the matter. There should be, both for our own guidance, and for the good of our patients.

In reporting opinions about the use of tobacco, it would add greatly to the interest if not the value of the report, for the writer to state his individual habit. Of course this is merely a suggestion, and must be left entirely to the will of the reporter.

REVIEWS AND BOOK NOTICES.

ON THE TREATMENT OF WOUNDS AND FRACTURES: CLINICAL LECTURES. By Sampson Gamgee, F.R.S.E. With 44 Engravings on Wood. Second Edition. Philadelphia. P. Blakiston Son & Co. 1883.

This work differs very materially from Dr. Pilcher's book on a similar subject, noticed in the October Journal. The plan is more like the Surgical Lectures of Sir Benj. Brodie once so deservedly esteemed for the amount of well considered clinical material brought together. Surgical principles are illustrated by cases from actual practice, written in a pleasant colloquial style. One will look in vain in this volume for any leaning to Listerism, but the subject of antiseptic surgery is discussed by one who has a clear knowledge of the statistics and of the practice.

"If a comparison be instituted between the statistical result of surgical practice under the lamented Callender and Mr. Lister; in the Edinburgh Infirmary under Spence, at Glasgow under Cameron and McEwen; and at Kilmarnock under Borland and M'Vail, the very small difference in the percentage of deaths is a prominent and incontrovertible fact. As those all but uniform results have been attained under very various methods of wound-treatment, the thought suggests itself, that local appliances, have less influence on the process of wound-healing, than has the manner in which they are employed, the judgment of the surgeon, and his manipulative dexterity and precision."

After reviewing the statistics of his own operations as collated by his house-surgeon, during a time in which he had discarded all dressings, "and dressed wounds mainly by rest, position, and pressure, with pads of dry lint," the result was three deaths in 107 operations of considerable gravity. "The atmosphere with its pervading particles was the same in all the cases, but had little influence if we are to judge from the result. Spray or no spray the wounds healed." * * * "With most sincere deference" the author goes on to say, "I cannot but think that the intrusion of the germ-theory into this discussion, has been a very unfortunate one. From a strictly scientific point of view, the expression 'antiseptic surgery,' professedly based on the germ-theory, seems scarcely more defensible than 'homœopathic medicine,' which claims the doctrine of similars for its foundation." The thing to be regretted in this connection according to our author "is the attempt to explain the action

of antiseptics by a new theory, and on it base a professedly new system of surgery. In doing so, a three-fold error has been committed: first in raising accessories to the position of essentials; secondly, in predicating from experiments on dead matter the behavior of living tissues; thirdly, in ignoring, or underrating, the difference between physiological and pathological states."

Items of practical value abound in this volume, and the surgeon of experience readily recognizes ripe observations from one who has enjoyed a large practice. It will also be observed that the author has studied well the old masters in the surgical art, as the pointed extracts from John Hunter, Percival Pott, and Abernethy show, and he does not allow the reader to forget that surgical art is not a thing of to-day but was as capable of as precise methods, and sound common sense with a past generation, notwithstanding the brilliancy of the present.

One of the chapters (Lecture XI, p. 242-275, on "Wounds of the Scalp, and Fractures of the Vault or the Skull") may be read again and again. It is a sound presentation of the state of surgical science and art, compared with that of a century ago.

He has to say, by way of summary, the following as to trephining in fractures of the skull:

"There is good reason to believe that a larger number of patients have died after being trephined, who ought not to have been operated upon, because moribund at the time, A few hours watching of the thermometer and the pulse and respiration ratio, might have proved conclusively that the stream of life was first ebbing,—in many cases from internal injuries, independent of the fracture of the skull. Lives have been lost that might have been saved, if the golden maxim, 'leave well alone', had been respected; if local and constitutional rest had been strictly enforced; and if mechanical interference had been abstained from, when there was no urgent need for it. On the other hand, some patients, with head injuries, have died, who would probably have recovered had they been trephined. No general and fixed rule can be laid down, each case must be considered, physiologically and surgically, on its merits, without preoccupation from theory or tradition, and only after judgment formed on facts accurately noted and comprehensively considered."

Doubtless Mr. Gamgee's work will find more acceptance in the hands of the more experienced surgeons, but the beginner could imbibe no healthier precepts than are here laid down, and very few surgical works would afford him more ready practical knowledge in time of need.

The Collective Investigation of Diphtheria as Conducted by the Therapeutic Gazette. Detroit, Michigan. With Editorial Summary. By J. J. Mulheron, M.D. Pp. 120.

The literature of medicine is indebted to the method pursued in the compilation of the volume before us, for several good monographs. The plan of sending out printed questions upon some medical topic, to a large number of physicians, and collecting the replies, following them with a commentary by an editor is the one we refer to. It is, of course, open to many objections which would not weigh against it if all physicians were equally well educated; were uniformly trained observers; were equally facile and accurate in composition of replies.

The questions sent out to the profession by the Therapeutic Ga-

zette were as follows:

"1. What is your opinion in regard to the local or constitutional nature and treatment of diphtheria?

- "2. On what clinical facts, observed by you, do you base your opinion?
 - "3. What is your opinion as to the contagiousness of diphtheria?
 - " 4. What facts in your experience bearing upon this question?
- "5. What microscopical examination, if any, have you made of the diphtheria membrane?
- "6. What measures, if any, have you adopted by way of prophylaxis, and what success has attended those efforts?
 - " 7. What local treatment have you found most efficacious?
- "8. What general treatment has been most successful in your hands?"

To these questions there were one hundred and eight replies, making an average of a page to each correspondent, as remarkable examples of conciseness as can be found from a like number of pens engaged on any theme. This alone is a pretty clear indication that the correspondents had some practical replies in their minds, and that they were drawing from experience and not from unsubstantiated theory.

The one thing more noticeable than all else in this symposium, is that, however diverse the theories of the etiology and pathology of diphtheria were, the therapeutics of the disease is strikingly similar. Tincture of the chloride of iron enters into the course of treatment of the respondents, and also alcohol and quinine. The inference that

the editor draws, that "in a typical case of sthenic diphtheria, administer large (10 grains) and frequently repeated (hourly) doses of ealomel until the characteristic stools are seenred," etc., sounds very much like returning to a position vacated long ago by the practical men of the South, and is not borne out by the nature of the replies upon which he bases the conclusion. In the same paragraph from which we have quoted above, he says: "Following this give large doses of the tincture of the chloride of iron every two hours and administer alcohol within the limits of intoxication. In asthenic cases the calomel should be omitted and the main reliance placed on the iron and the alcohol.

We are greatly interested to have seen this inquiry extended by an enterprising contemporary, so as to give more time for a thorough canvass of the questions propounded, and for a fuller statement on the part of respondents for the outcome this effort is encouraging, giving valuable data to serve as an index of the current opinion of American doctors. A personal acquaintance with many of the gentlemen who have responded to the questions, adds additional weight to the whole work. We trust that the *Therapeutic Gazette* will set on foot further work of the same kind, as with the experience already gained in this, they will be enabled to surpass it.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. WITTHAUS, M.D., Professor of Chemistry in the University of Buffalo, etc., etc. New York. William Wood & Co., 56 and 58 LaFayette Place. 1883. 8vo. Cloth. Pp. 370.

It has always been a desideratum to prepare a work on chemistry to suit the needs of the student, to produce a book that would enable him to get a respectable general knowledge of this essential auxiliary science.

Most of the books designed for this purpose have been exceedingly superficial, until of late years we have noticed a great improvement.

The author has made the descriptions of the processes of manufacture very brief, while chemical physiology and the chemistry of hygiene, therapeuties and toxicology have been dwelt upon.

The first part of the volume treats of the principles of chemical science, with so much of chemical physics as is absolutely necessary to a proper understanding of the second part.

Special chemistry is treated in the second part. The author points out that he has made certain departures from methods usually followed in chemical text-books. The elements are classed, not in metals and metalloids, but in classes and groups according to their chemical characters.

The volume is not divided into inorganic and organic chemistry, but the carbon compounds are treated under the head of carbon, as the author regards distinction between inorganic and organic chemistry as merely one of convenience.

Analytical chemistry has received a good share of attention, furnishing to the busy doctor and student, concise directions for qualitative testing, and giving him hints which may lead to a more extended examination of the subject. An examination of the section treating of alkaloids—the reactions and tests for purity contains more condensed items of information than can be found in text-books usually found in the hands of physicians and students.

The author is evidently mistaken in the belief that any considerable number of practitioners, even of a recent date, are at all familiar with the metric system, (Preface, p. iv) that is, sufficiently so to "think in metrics," and he would have made a great mistake in not expressing weights and measures in the mathematical language accepted by the great body of the profession.

The volume is well worthy of a place in the library of the physician and student, and we heartily commend it to all of our readers who have not come to look upon chemistry as a non-essential.

A Manual of Practical Hygiene. By Edmund A. Parkes. M.D., F.R.S. Sixth Edition. With an Appendix. Giving the American Practice in matters Relating to Hygiene. Prepared under the Supervision of Frederick N. Owen, C. and S.E. Vol. 1. New York: William Wood & Co., 56 and 58 LaFayette Place. [September number of Wood's Library of Standard Medical Authors.]

Parke's Hygiene has been a reference book for the medical corps of the U.S.A., for a period extending far back beyond the time when public sanitary matters were much studied by medical men in this country. The English edition in one volume was more expensive than this, and but few private libraries could boast of a copy. The Messrs. Wood have done well to give the American profession a volume which so eminently deserves to be known by them.

Water, air, ventilation, the quality and choice of food, beverages and condiments, and the conditions of soils, are the themes of the first volume.

We notice much fresh matter, and no work is more frequently drawn upon for material facts relating to these subjects, than that of the "late lamented" Massachusetts Board of Health.

The illustrations in this volume seem to be fac-simile reproductions of the original. Parke's Hygiene is not only the pioneer handbook of sanitary practice, but must be for some time to come the most popular.

Weather Proverss. This is a thin octave volume, in muslin, prepared by Lieutenant H. H. C. Dunwoody, of the Army, under the direction of General Hazen, Chief Signal Office of the Army.

It is not only a very curious collection of weather proverbs from all nations, but it is a useful collection of scientific items, preceded by an article by the Hon. Ralph Abereromby, F.M.S., and William Marriatt, F.M.S., on "Popular Weather Prognostics," and cannot fail to be a popular volume for consultation about the weather.

We notice on p. 112 that a part of Edward Jenner's lines, "Signs of Rain" (Barron's Life of Jenner, V. 1, p. 22) is quoted, and the quotation sattributed to "Dr. Janner." The whole of the short poem is worthy of a place in the volume, "as it shows, in pleasing combination, the accuracy of the naturalist and the fancy of the poet."

The volume has a frontispiece map of the "Districts" into which the country is divided for the convenience of the Signal Service.

We would be glad to say in connection with this work that the Signal Service is becoming more accurate in its prognostication, but it is generally observed that the reverse is the case. There is no more useful bureau of the departments of the government than this one is when in its highest state of efficiency. We suppose the volume may be obtained gratis on application to the proper department.

VISITING LISTS. We have received for 1884, two excellent visiting lists. One is by the well known "Daily Pocket Record and Visiting List" edited by Dr. D. G. Brinton, of the Philadelphia Medical and Surgical Reporter. This is in its eighteenth year and is used largely all over the country. It has all the needed helps to

the daily business of a doctor, and all the memoranda of doses, treatment in emergencies, examination of urine, and a list of new remedies is appended.

The other, Blakiston's "Physician Visiting List," is in its thirty-third year, published by P. Blakiston, Son & Company, 1012 Walnut Street, Philadelphia, the old time reliable publishers. We find here also a calendar, ready method for asphyxia, poisons and antidotes, table for transferring weights and measures into metrics, a dose table, a table for calculating the period of utero-gestation, and a list of new remedies. Price \$1, \$1.25 and \$1.50.

Both of these lists are indispensable to the practitioners who adopted business methods.

NEW YORK MEDICO-CHIRURGICAL SOCIETY, has paid us the compliment of sending a copy of its Transactions for 1882. It is a homeopathic Society, and all we noted of interest to our readers, was a resolution of thanks to the New York State Medical Society for its action in reference to the question of medical ethics. The volume is handsomely printed and will prove of interest to the followers of Hahnemann.

SCIENCE A PEACE-MAKER.

It is pleasant, in these times of political squabbling and dishonorable jealousies, to see science step in and disperse national animosities as effectually as it removes vulgar errors and diffuses world-wide truths. On the sad occasion of the death of M. Thuillier, Herr Koch, Director of the German Cholera Commission, and all his colleagues, promptly expressed regret and sympathy, and also their desire to be nseful. On his coffin, they nailed laurel-wreaths. On the day of the funeral, E. Koch officiated as a pall-bearer. This graceful act of humanity was feelingly appreciated by the members of the Pasteur Commission, who described it as a "nn hommage précienx et touchant." It will also command the sympathy of all votaries and lovers of science, who, perhaps, are the only men who measure rightly its moral power.—British Medical Journal.

CURRENT LITERATURE.

NORMAL GROWTH-RATE OF INFANCY AND CHILD-HOOD.

Dr. W. Squire, in a report to the British Medical Association.

All children in the first few days after birth lost five or six ounces in weight, and regained this in the eighth week, and at the same time grew an inch in height. A pound weight was gained by the end of the first month, and two pounds in the second, then the rate of increased weight was less, but two inches height was added. During early dentition both height and weight increased at a lower ratio. A child should double its birth-weight in the first four or five months, and treble it at a year old. In the first year it should grow three inches in the first three months, two inches in the next three months, and two or three in the last six months. The weights in the diagram for each month of the first year had been verified by numerous observers; the heights were approximations only to the normal growth-rate; they had been traced from some observations of the author, supported by one instance of continuous measurement for the whole year by Dr. Haehner of his own child, published in the American Journal of Obstetrics for 1880. Dr. Squire showed another diagram which gave the average height and weight every year up to the age of twelve. A child should measure three feet at three years old, four feet at eight years, and five feet at twelve, and should weigh at three years thirty-two pounds, at five years forty pounds, at eight years fifty pounds, and at twelve years seventy-two to eighty pounds. Throughout a child was found to grow by fits and starts, perhaps two inches in one three months, and not an inch in the next half year; rapid growth was an indication for care and rest, and loss of weight was as true a symptom of disease as one obtained by the use of the clinical thermometer. Unless girls showed increased growth-rate at eleven and twelve years, healthy development a year or two later would be hindered and medical treatment might then come too late. In the discussion which followed, the President, Mr. R. W. Parker and others took part; after which Dr. Squire replied, and the meeting adjourned.—British Medical Journal.

CASE OF PLACENTA PRÆVIA.

The following notes of a case of placenta prævia may be of interest it being one of those rare instances of labor where the uterus contracts rapidly and strongly, expelling both the placenta and the child's head together.

The patient was thirty years of age, rather short, lightly built, healthy-looking, and dark complexioned. She had never suffered from any serious illness. She was the mother of three children, and there had been no unusual difficulty in her previous confinements.

In the ninth month of her fourth pregnancy, she was rather suddenly seized with a smart attack of uterine hemorrhage, followed by slight pains. She at once sent for me, but as I lived several miles from her residence, two hours elapsed before my arrival. During this time, there had been a considerable amount of hemorrhage, but gradually decreasing; and the pains had considerably increased both in force and frequency.

On making a vaginal examination, I found the os dilated to the size of a florin, and quite soft and dilatable. Passing the finger through the cervix, I could distinctly feel the soft spongy mass of the placenta, and, by the bimanual method, was enabled to make out the presentation, which was left occipito-anterior. I then separated as far as possible, the placenta from the uterine walls, and as the os was soft and dilatable, determined to turn, and terminate the labor as speedily as possible. Version, however, was quite as unnecessary, as the uterus now began to contract most vigorously, and, the os dilating rapidly, the head descended and acted as a plug, thus preventing further hemorrhage. So rapidly, indeed, did the os dilate, and so strong became the uterine contractions, that, even had version been performed, or the forceps applied, the labor could not have terminated more quickly than it did. The head, in its rapid descent, pushed part of the placenta before it—the presenting part all the time being covered by a portion of the placenta over it, the remains of the latter were found around the child's neck. centa was litterly torn up. There was scarcely any hemorrhage after the birth of the child, the uterns having contracted firmly immediately it was emptied. The child-a very fine one-was unfortunately dead. The patient made a very good and speedy recovery.-Arthur Flintoff Mickle, M.B., in British Medical Journal.

DR. JOHN T. METCALFE ON THE USE OF WARBURG'S TINCTURE IN MIASMATIC FEVER.

In a letter to the Medical Record Dr. Metcalfe says:

"For many years in treating miasmatic fever which would not yield to quinia, I have been accustomed to prescribe Warburg's tineture. According to my experience, it is worth all other succedanea put together.

"About six years ago, a medical friend consulted me for intermittent fever, utterly rebellious to the power of the quinia salts. His health had suffered greatly and he was obliged to temporarily give up his practice. I prescribed the tincture of Warburg in halfounce doses, taken on an empty stomach, early in the morning. It was rapidly and completely successful in its effect. Several months ago he applied to me with a recurrence of his old trouble, saying: 'But Dr. don't give me Warburg. I think I'd almost as soon die as take it. Even when I look at the bottle containing it, I become nauscated. It is an awful dose to swallow!'

"I begged him to go to his apothecary, have the tincture evaporated in a water-bath to such consistence as would allow it to be put into gelatine capsules and to take the equivalent of a half fluid ounce thus prepared.

"It answered the desired end perfectly, without causing discomfort of any kind. Since then many patients have taken 'Warburg's Capsules,' with a like result. One of them contains the potency of two fluidrachms of the tineture. With some persons, rather too active purgation follows the ordinary dose of two capsules. This can be easily regulated, by leaving out or diminishing the amount of aloes in the original formula.

"I have had excellent results, also, follow administration of the capsules made by evaporating the modified Warburg's tineture, in which the alkaloids of einchona replace the sulphate of quinine.

"In cases of intermittent fever which are prone to recur, after having been once broken, I rely much more upon the daily dose of two capsules—taken early in the morning—than on any other remedy known to me.

The evaporated mass becomes hard very soon, unless glycerine be mixed with it before filling the gelatine cups.

THE SPECIFIC ORGANISM OF CHOLERA.

The announcement that the investigations conducted by Dr. Koch and his assistants, in Egypt, on behalf of the German Government, have resulted in the identification of the microbe as a specific cholera-organism will have been read with the greatest interest by medical men, and have naturally excited high expectations in the public mind. It is not the first time that this announcement has been made on the high scientific authority. Researches having this object in view have for a long time been carried on at various intervals of time, under the auspices of the British Government, by eminent physicians and microscopists, among whom will especially be remembered Professor Timothy Lewis and Dr. Douglas Cunning-Their researches related not only to the organisms discoverable in the tissues and fluids of cholera-patients, but also to the investigation of air-borne bodies, and examination of the soil and water. These researches were embodied in a special report by Lewis and Cunnigham, which appeared in the reports of the Sanitary Commission of the Government of India, and the latest contribution will be found in the last report, which contains a valuable account by Dr. Douglas Cunningham of his examination of the air in its relation to cholera-germs. Up to the present time, however, search for an organism which could be identified as stable, specific, and bearing such undoubted relationship to Asiatic cholera, and to that form of disease alone, as could justify the declaration that it was a specific germ, has been fruitless. The announcement that Dr. Koch has been more successful is the more important, and has, a priori, a claim to provisional acceptance, because that able and eminent investigator has greatly perfected the means of investigation hitherto at our command, and has shown himself peculiarly skilful in the methods of cultivation by which such specific organisms can be separated, reared, and specifically identified. We are all, therefore, peculiarly interested in the information which Dr. Koch may be able to derive from his investigations in loco, and prepared to look for with hope, and to accept with readiness, the conclusions at which he may be able to arrive. It must not, however, be forgotten that it is the fact that everything has for several years pointed to the existence of such specific contagium in the bacilliform organism, and that only this is necessary to give the shape of a practical demonstration to an hypothesis which lies at the bottom of all our preventive treatment of cholera, and which accords thoroughly with the accepted English opinions, both on the subject of the nature of the cholera as a zymotic disease, and the means of arresting its progress. All this makes us so ready and anxious to accept such a demonstration that we are on that account especially bound to scrutinize with the most zealous care the facts on which the alleged demonstration is based, and to receive the news which comes to us from Germany with as much reserve as the circumstances will permit.

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It is perhaps characteristic of the special genius of Continental nations that while the first impulse of France and Germany was to send their most eminent savants, armed with the most recent instruments of modern research, to investigate the identity of choleraic organisms, the course adopted by the British Government was to send out a staff of sanitarians, who, acting upon the basis of already acquired knowledge, and guided by the light of a vast experience, were set to work to remove the conditions under which the germ is known to become prolific, and to clear away the existing sources of epidemic diffusion of cholera. The result has been to disclose a state of filth and hygienic neglect throughout the towns and villages of Egypt which might have been suspected, but could not have been creditably asserted, except upon the incontrovertible evidence which Surgeon-General Hunter has produced in his reports. On the one hand, then, we shall look with interest to the further reports of Dr. Koch, and of the assistants of M. Pasteur; on the other hand we must insist that meantime there should be no delay, no feebleness of purpose, no inefficiency of effort in earrying out the complete hygienic reorganization in Egypt, and the thorough methods of improved sanitation which the British Commission has reported as immediately necessary throughout the length and breadth of the country. The first steps should be to set in good and healthy order the great towns of Egypt. The reported condition of Alexandria, not to speak of Damietta, Burha, Samanoud, Mansourah Kebir, Tantah, and Assiab, are such as to call for immediate vigorons and practical action. The theory of personal contagion has no more place in Oriental than in European experiences of cholera. Cholera, we know, spreads through infection of air, soil and water,

and by the filthy personal habits and imperfect public sanitation which supplies such filth with its most frequently chosen avenues of attack.

While, then, we cannot but regret that the identification of the cholera-microbe should have fallen into other hands, we may feel some satisfaction that the discovery will put a crown upon the great work of prevention of cholera, which it is for us to undertake, and as to which British experience at home and in India has furnished guiding principles on which all future action must be conducted.—British Medical Journal.

CANCEROUS LIVER WEIGHING SEVENTEEN AND A HALF POUNDS.

Dr. C. P. Wertenbaker, of *Charlottesville, Va., (Virginia Medical Monthly, October, 1883) describes a cancerous liver which he removed, post-mortem, from the body of a negro washerwoman, aged 47. He thus describes it:

"The liver itself was one of the most interesting pathological specimens which it has ever been my pleasure to see. As it lay on the floor, resting on its inferior surface, it had somewhat the appearance of a pair of lungs which had been inflated. Its weight was $17\frac{1}{2}$ pounds. It measured twelve inches transversely, eleven inches antero-posteriorly, and six inches from its superior to its inferior surface. These dimensions fail to convey to the mind an adequate idea of the the enormous size, as the thickness (6 in.) remained the same to within three inches of the anterior border, which then sloped off until it was not more than one inch thick at the edge. It may give you some idea of the size of it when I tell you that it nearly filled a common tin slop tub. Its color was dark red, and its surface was dotted with irregularly, circular white spots of cancerous tissue, the largest measuring from $1\frac{1}{2}$ to 2 inches in diameter."

Dr. Wertenbaker believes this to be the largest liver on record. The two which came nearest weighed respectively 9 pounds 4 ounces, (from "Budd on the Liver") 15 pounds $10\frac{1}{2}$ ounces, (from Dr. Huger's case reported in the Charleston Medical Journal).

THE BACILLUS TUBERCULOSIS AS AN ENTOZOON.

There is a disease of the lamb, which has, at various times, caused very serious loses to sheep-farmers, both in this country and in the colonies. It is due to the presence in the bronchi of numerous individuals of a species of nomatode worm, the Strongylus filaria; a very closely allied species, the S. micrurus, infests the bronchi of The disease is commonly known as the husk or hoose, and consists essentially in the symptoms set up by the presence of large masses of these worms in the air passages complicated by bronchitis. The very peculiar habitat of the parasite renders it possible, by means of inhalations, to bring parasiticides into contact with it; this means of arresting the disease has been resorted to both in this country, and, as we learn from a paper read before the Medical Society of Victoria, and published in the Australian Medical Journal, in Australia, also, in both cases with complete success. It appears from this paper, which was read by Mr. West Ford, that Mr. Knight, of Kozonzah, who is a large sheep-owner, and had annually lost large numbers by this "lamb diseas;" seriously turned his attention about four years ago to its systematic treatment by antiseptic inhalations. The plan he employs is to drive a hundred or more lambs into an air-tight room into which a constant current of air, previously passed under pressure through earbolic acid is forced. The strength used is stated to be one in ten, and the lambs are kept in the room for one or two hours at a time; it is said that most of them are thus cured at once. We cannot go with Mr. Ford in his deductions from the success of this treatment in the parasitic bronchitis of lambs, that a similar treatment of phthisis in man may be expected, with "the greatest confidence," to be " equally successful;" he founds this belief on the assumption that Dr. Koch has demonstrated, "to a certainty, that that fell disease is due to the presence of an entozoon-the bacillus." Koch's researches, however, stop a good deal short of any such demonstration, and to speak of the bacillus tuberculosis as an "entozoon," may be correct, but is yet a little misleading. We know that the bacillus occurs in all or most cases of phthisis, that is to say, in destructive lung-disease of whatever origin; that it is found chiefly in the sputum, and in the walls of cavities, but in very small numbers in the tissues themselves, and that it can only increase and multiply at a

temperature of about 100° Fahr., a temperature seldom, if ever, reached in dwelling rooms in temperate climates where phthisis is most prevalent. No doubt it is highly probable that the bacillus does play some rôle more or less important in the development of tuberenlosis, but beyond this it seems at present impossible to go. It may, by its entrance into, and development in the tissues, be the direct determining cause of the lesions of tuberculosis; on the other hand, it may be concerned only in the final destructive process, assisting by its growth in the disintegration and removal of the diseased tissnes. Very much yet remains to be done before the exact importance of this bacillus can be appreciated. Meanwhile, we would ask whether it is advisable to speak of these micro-organisms as entozoa? If so, it will be necessary to make two grand divisions of the entozoa, for mycology is becoming, to an extent entirely unforeseen a few years ago, a complicated and very special subject, in dealing with which an inexperienced person is very likely to fall into grievous error. To compare a nomatode worm an inch long with the bacillus tuberculosis, and to assume that what is beneficial to an animal infested with the one, must also cure an individual in whom the other exists, is to make a very large assumption, which may or may not be true in this particular case, but is certainly a bad precedent. Of course we are not arguing against the use of antiseptic inlegal tions in phthisis; their beneficial action has been long known, ad was fully established before Koch's bacillus was ever heard of, and, moreover, may be fully accounted for without calling up this class ex machiná.—British Medical Journal.

DAVY'S RECTAL LEVER was recently used in the Westminster Hospital to enable Mr. Turner to ligate the gluteal artery for an extensive traumatic anenrism. Mr. Davy used his lever himself, and the common iliac was so completely controlled, that only four ounces of blood were lost. The opening in the artery was visible, and the double ligature was applied in an almost bloodless wound, and beyond the blood already extravasated with the sack of the aneurism, there was not more than half an ounce lost.

CONTAGIOUS IMPETIGO—LEPROSY.

The *Medical Chronicle*, of Baltimore, gives as a supplement to its November issue, the official report of the American Dermatological Association. This excellent body of specialists held its last meeting at Lake George, N. Y., August 29, 30, and 31st under the Presidency of Dr. R. W. Taylor.

An examination of the papers presented and the discussions, and theories, shows what good work this association is doing.

Dr. Stelwagon, of Philadelphia, read a paper on "Impetigo Contagiosa" defending the following propositions:

- "1. Impetigo contagiosa (contagious porrigo, of Hebra) is a separate and distinct disease.
 - " 2. That it is not parasitic.
 - "3. That it has no relation whatever to vaccination.
- "4. That it is an acute, contagious, systemic disease with cutaneous manifestations, having a definite course and due to a specific virus."

The first three conclusions, he thought, well founded; the fourth was for the the present merely suggestive.

Dr. Piffard thought that in regard to the connection of contagious impetigo with vaccination, he had seen a series of eases, in a certain family, start after vaccination. He thought it of a parasitic nature, that the fungi are to be found in the crust, and that these are of different kinds. He has found a special kind, and others which he regarded as accidental. That special fungus, he thought, was the same as that found in vaccinia* and not described in connection with any other disease.

Dr. Taylor did not think that the disease was systemic, because it begins locally about the face. In sixty patients the disease always commenced about the nails or face. He thinks it spreads by immediate contagion.

Dr. Stelwagon, in about 500 microscopic examinations has found the fungus of Piffard ten times, that of Kaposi three times.

Leprosy.—The following propositions are submitted as the result of the combined investigations of Drs. G. H. Fox and Graham of the examination of patients, at the Leprosy Hospital, Tracadie, New Brunswick:

^{*}Can it be that this opinion is accurately reported. It is news to other observers.

- "1. Leprosy is a constitutional disease, and in certain cases appears to be hereditary.
 - "2. It is, undoubtedly, contagious by inoculation.
- "3. There is no reason for believing that it is transmitted in any other way.
- "4. Under certain conditions a person may have leprosy and run no risk of transmitting the disease to others of the same household or community.
- " 5. It is not so liable to be transmitted to others as is syphilis in its early stages. There is no relation between the two diseases.
- " 6. Leprosy is usually a fatal disease; its average duration being from 10 to 15 years.
- " 7. In rare instances there is a tendency to recovery after the disease has existed many years.
 - " 8. There is no valid reason for pronouncing the disease incurable.
- "9. Judicious treatment, usually improves the condition of the patient and often causes a disappearance of the symptoms.
- "10. There is ground for the hope that an improved method of treatment will, in time, effect the cure of leprosy, or, at least, that it will arrest and control the disease."

MEDICAL WIT IN ENGLAND AND AMERICA.—The Medical Record gives a very readable article on "French Medical Journals," in the issue of Nov. 17th, from which we take the following, although it hits the profession pretty hard:

"Our French confrères have a fondness for anecdote and bon mots, and several journals devote a space to collecting and presenting literature of this sort—not always of the clearest kind. It has been said that a French surgeon or physician must make his mot in order to make his mark. At any rate French medical writers generally show some evidence of this kind of ambition. Locke has asserted that a man of wit cannot be a man of the best judgment, Ergo witty men will not make great doctors. This law evidently does apply to France; while as for England and America there has not enough wit appeared for some years to spoil a single doctor."

AMERICAN PUBLIC HEALTH ASSOCIATION.

We are indebted to several of our exchanges—the Sanitary News, the Sanitary Engineer, and most of all to the Medical News, for an account of the 11th Annual Meeting of the American Public Health Association, in Detroit, Mich., on the 13th, 14th and 15th Nov.

The Association was called to order by the President, Dr. Ezra M. Hunt, of Trenton, N. J. The morning session of the first day was consumed in the presentation of papers on the diseases of cattle, viz.: 1. "Texas Cattle Fever, Is it a Chimera?" by Prof. D. Salmon, of the Agricultural Bureau; 2. "Swine Plague", by Dr. J. M. Partridge, of Indiana; 3. "Swell-Head in Cattle," by Dr. O. C. DeWolf, Health Commissioner of Chicago. The latter paper was considered one of the best contributions of the session. Swell-Head has recently been very prevalent in Chicago stock-yards. Its prominent features are tumors of varying degrees of hardness in the laws, formerly dealt with and associated with by veterinarians as the lodgment of foreign substances in the jaws. "The fungous character of its ethology the actinomyces and the growth, the establication of the disease as act nomycosis, and its relative features in admost and man, were clearly portrayed."

The afternoon session was devoted to the etiology and prevention of malarial fever. Surgeon George M. Sternberg, U.S.A., read a paper on the "Etiology of Malaria." This was followed by another on the "Etiological Association of Organic Matter with Malaria", by Surgeon Alfred A. Woodhull, U.S.A.; and a third by Surgeon Charles Smart, U.S.A., on the "Prevention of Malarial Diseases."

The evening session of the first day was devoted to addresses of courtesy by Governor Begole, welcoming the Association in a remarkably fitting and graceful address, in which he remarked in effect, that so significant and gratifying was the sight of doctors endeavoring to prevent disease, by ministering to which they had their living, that he now only looked forward to a convention of lawyers intent on preventing litigation, to be prepared to say, like Simeon of old, "Lord, now lettest thou servant depart in peace."

Dr. Wm. Brodie, of Detroit, made a characteristic speech of welcome, the reporter says, and some of us know what our brother Brodie can do. Dr. John Avery, President of the State Board of Health, followed with an address of welcome on the part of the Samaritans of the State, which was graceful and strong.

The President's Address conclude the evening session. The News reporter says of it, that "the illiberal action of Congress was in vital sanitary matters was aptly characterized, and the address, which was replete with historical reference, strong statements of scientific truth, and the analysis of the character of sanitary work, was conceived and delivered in a high and elevating plane of thought.

The second day, Morning Session, Dr. R. D. Webb, of Alabama, presented a paper on "Changes of Type in Malarial Fever in Sumter County, Ala., which was read by Dr. English, of New Jersey. It was a synopsis of the clinical observation of fifty years in one locality, and as such was entitled to and received eareful attention, and is one of those contributions to the volume of recorded facts from which in time careful analysis will deduce new knowledge.

"Dr. Thomas F. Wood, Secretary of the State Board of Health of North Carolina," presented a paper on "The Clinical Thermometer in the Prevention of Malarial Disease, which was read by synopsis, by the Secretary."

Col. Geo. E. Waring, Secretary of the National Board of Health, opened the discussion upon the papers on Malaria. He was followed by Dr. Gustavus Devron, of New Orleans, Dr. Wight, of Detroit, Dr. G. E. Ranney, of Michigan, Dr. Wm. Oldright, of Ontario, Dr. Trescott, of Greenville, S. C., Dr. George M. Sternbery, U.S.A., Dr. Formento, of New Orleans, Dr. E. L. Griffin, of Fond du Lac, Prof. V. C. Vaughan, of Michigan, and Dr. Bryce, of Ontario.

The afternoon session of the second day, was devoted to papers on Food Adulteration, Vital Statistics and School Hygiene.

At the evening session of the same day, Physical Training was discussed by Prof. J. M. Watson, of N. J., and Prof. D. A. Sargent, of Mass. This was followed by an address by Dr. James E. Reeves, of Wheeling, Va., the full text of which appears in the last number of the New York Medical Journal.

The greater part of the morning session of Thursday was taken up with the reports of the Executive Committee.

Dr. Samuel W. Abbott in behalf of the Committee on Computsory Vaccination, submitted a report. It combatted the idea of any prevalence of transmission of disease by vaccine virus, and strongly applied the practice of general vaccination.

[The report of the Committee in substance is, that compulsory

vaccination can hardly be accomplished by legal enactment, but all of our hope is in the direction of educational influence. Therefore, one of the committee, the chairman, Dr. Eugene Foster, of Augusta, Ga., prepared an elaborate report, setting forth in the strongest terms, fortified by ample statistics and authority, the necessity and absolute necessity of vaccination. As Dr. Foster is entitled to the entire credit of this paper, we trust that the Association will print it.—Ep.]

The following is the list of officers for the ensuing year:

President.—Dr. Albert L. Gihon, Medical Director, U. S. Navy.

First Vice-President.—Dr. James E. Reeves, of Wheeling,
W. Va.

Second Vice-President.—Hon. Erastus Brooks, of New York.

Secretary .- Dr. Irving A. Watson, of Concord, N. H.

Treasurer.—Dr. J. Berrien Lindsley, of Nashville, Tenn.

Executive Committee.—Dr. Thomas L. Neal, Dayton, O.; Dr. J. D. Gatch, Lawrenceburg, Ind.; Dr. Henry P. Walcott, Cambridge, Mass.; Dr. Gustavus Devron, New Orleaus; Dr. Charles Smart, U.S.A.; Dr. Henry D. Fraser. Charleston, S. C.

The Association adjourned to meet in St. Louis, at such date as the Executive Committee shall determine.

Messrs. Robert Clarke & Co., of Cincinnati, have issued a priced catalogue of books from the libraries of the deceased physicians, which we are satisfied by some purchases, they are selling very low. This firm will send the catalogue on application. Among other things there is a complete set of the New Sydenham Society's publication.

The Bibliotheca Medica published by Messrs. Clarke & Co. is the completest sale catalogue published in this country, and would be considered a respectable bibliography if we did not have such comparisons before our eyes as the Index Catalogue.

.One word more for our obliging friends.

Their Bibliotheca Americana is a very rich list of works appeartaining to history and science of the earlier days of the republic, especially and all interested in such publications would do well to 'correspond with them.

WINTER ECZEMA.

There appears to be something in the winter climate, at least of the sea-board States, to cause in many persons a troublesome itching of the surface, generally of the extremities. This itehing abates or disappears during mild and moist weather, but recurs with every cold, dry clearing up of the weather. From being slight at first it is apt to increase and become very troublesome, especially upon undressing, and through the night. At this stage vigorous scratching becomes irresistible, and then the surfaces soon become abraded, red and papular with an exudation which sooner or later becomes copious, drying in erusts on some parts, but presenting open ulcerative patches on others. In this stage the itching is replaced by soreness and irritation, and the tendency seems to be to become worse instead of better. By a consideration of the climatic conditions which seem to start and keep up this affection in persons who are otherwise in good health, there seemed to be an indication for some agency to keep the surface from becoming too dry,-to keep it in dry cold weather in a similar condition to that of mild moist This would be accomplished by a proper use of glycerin. Then there is a very evident indication for an effective astringent to prevent or correct the tendency to the exudation, and such would be found in tannic acid. Add to this a moderate stimulation of the surface to take the place of the scratching in the relief which this gives, and then the indications for the following solution are fulfilled.

Take of

Tannic acid 2.6 grammes, or 40 grains.

Glycerin and alcohol, of each 15 cubic centimetres, or half a fluid ounce.

Water sufficient to make 120 cubic centimetres, or 4 fluid onnecs.

This solution applied to the itching surfaces by means of a small sponge or rag, morning and evening, will in a large proportion of cases avert the affection. The itching will be reduced, or will cease altogether, so that scratching can be avoided, and as the other stages arise from the scratching they will fail to occur. If the affection shall have gone on to the stage of irritation and exudation before the solution is resorted to, the solution may then be found to be too

strong. Then if diluted with an equal volume of water for a time, until the surface is reëstablished, it will better serve the purpose, but after this it should be resumed at full strength.

When once the affection is found to be curable in this way, it should never be again allowed to go beyond the beginning of the itching stage before the remedy is applied. After being thus cured once or oftener during a winter, it is apt to recur at the beginning of the next winter and must be watched for. The solution does not keep indefinitely, and should be freshly made for each attack.— Squibb's Ephemeris.

Insane Women who are Pregnant, are not Admitted to Insane Asylums in this State.—We learn from Dr. E. Grissom, the Superintendent of the State Insane Asylum at Raleigh, that there is a rule of 27 years standing, refusing to admit pregnant women. Furthermore that a patient having been received, and afterwards discovered to be pregnant, is sent to her home. This action, we believe, grew out of the crowded condition of the asylum, and may have-once been a necessity.

This rule is a hardship in many eases, and should be revised. Insane women in the pregnant state are as unmanageable as any other patients, and are even a greater tax to the afflicted family, than those afflicted with some other forms of mental derangement. If curative measures are to be adopted in these cases, according to the theory upon which asylums become a public necessity, viz.: that better results are to be expected where the insane are gathered together in a building adapted for the purpose, under the management of skilled physicians and nurses; then none have a better prognosis. It seems to us, if we have taken the correct view of the curability of the pregnant insane, that it will be not only an act of justice to these patients, but a matter of interest to the asylum to increase the numbers of those "discharged cured" by making provision for them. "Now that the accommodations have been increased by the erection of the Morganton and Goldsborough Asylums, may not preparation be at once set on foot to receive these unfortunate ones?

HISTORICAL NOTE ON CONVALLARIA MAJALIS.

The employment of the lily of the valley, as a remedy in certain conditions of valvular disease and cardiac weakness, has become more general since the publication in the *Journal* of an abstract, of Dr. A. E. Sansom's Lettsomian Lectures; and the preparations of this plant are commonly regarded as amongst the latest additions to the materia medica, although it is well known that the plant has been in domestic use amongst the Russian peasantry, for the cure of drops, for a very long period of time; and from its similarity of action to digitalis, we can readily understand its being curative, in many such cases, by its effect upon the heart and circulation.

I have lately met with an account of the use of this drug, in cardiac disease, as far back as the commencement of the seventeenth century, of which I give a translation. It occurs in an old Italian book of Commentaries on the Materia Medica of Discorides, by Dr. Pietro Andrea Matthioli (physician to the Emperor and to the Archduke Ferdinand of Austria), and was published in Venice in 1621. He says: "The Germans use lily of the valleys to strengthen the heart, the brain, and spiritual parts, and also give it in palpitation, vertigo, epilepsy, and apoplexy; also as a remedy for the bites and stings of poisonous animals; to quicken parturition; and for inflammations of the eyes. For this purpose, they are wont to prepare the wine from the flowers of the time of the vintage; and then infuse them in old wine for forty days in the sun, and subsequently distill and redistill (but not many times) along with lavender flowers, rosemary, and other aromatics. They then preserve it as one of the most precious things which are to be found amongst medicines and they call it 'aqua aurea,' and preserve it in vessels of gold and silver against sudden attacks. They even believe that, giving to persons actually in articulo mortis, it is able to prolong life for several hours. In this, however," he dryly adds, "they are not unfrequently deceived, as I have myself witnessed."

Amongst other interesting matters in this book, there are descriptions of experiments on criminals under death-sentence, witnessed at Prague and in Rome, under the Pontificate of Clement X, by Dr. Matthioli, on the effects of aconite and nux vomica, and their supposed antidotes.—Edward Drummond, M.D., British Medical Journal.

Dr. Edward Warren-Bey, of Paris, has received two new decorations, as we learn by the Fredericksburg News, viz.: "Officer of the White Cross of Italy" and "Member of the Order of Universal Samaritan of Geneva."

Any person having purchased a copy of the U. S. Pharmacopæia of 1880, and desiring a list of the corrections since made therein, can procure the same by sending a two cent stamp to Mess. Wm. Wood & Co., 56 and 58 LaFayette Place, New York.

Thanks to Dr. John L. Meares, Health Officer of the city and county of San Francisco, Cal., for a copy of his Annual Report There are elaborate tabular statistics, and the Board has every evidence of being in a healthy and vigorous condition.

THE TEXAS "COURIER-RECORD" OF MEDICINE, is a new monthly edited by Drs. F. E. Daniel and E. L. Stroud, Fort Worth, Texas. The second number has been received, and it presents the appearance of a well edited medical journal, fresh and practical, and we believe it has come to stay.

A letter from Dr. Kemp P. Battle, President of the University of North Carolina, assures us that the institution over which he presides does not now, and never did, grant medical diplomas. The Illinois Board of Health has been imposed upon by the single doctor reported as holding such a diploma.

There is a case reported in Schmidt's Jahrbücher of poisonous symptoms following the use of an injection of a four per cent. solution of boracic acid for chronic diarrhea, and the Medical Record reports a death supervening upon its external use in an ulcer. It would appear that boracic acid is not as harmless as is usually supposed.—Boston Med. and Surg. Jour.

BINDERS FOR MEDICAL JOURNALS.—We can recommend to our readers the *Common Sense Binder* for their medical journals. These binders enable one to file their journals as they are received,

and at the end of the year they have a completely bound volume. Binders suitable for six numbers of the Journal can be had for 60 cents a piece. Cash orders sent to the Journal will be forwarded.

A Practical Experiment as to the Contagiousness of Cholera.—An anecdote is given by Dr. G. R. Turner in the *British Medical Journal*, as related to him by his great-nucle Dr. Andrew Buchanan. Dr. B. was a volunteer surgeon during the Polish insurrection, and was an eye witness to the fact. The Polish troops were attacked with cholera (whether of the Asiatic type he does not know). A Frenchman who was also serving as a surgeon, deliberately swallowed some of the stools of a patient suffering from cholera, and who subsequently died of the disease. The French surgeon then slept for a night in the clothes of the deceased. No bad results of any kind followed.

Good Strong Vinegar.—Dr. Squibb recommends a mixture of diluted acetic 256 parts, alcohol 1 part, or about one-half fluid ounce to the gallon. If the mixture be set aside for a few weeks—the longer the better—enough acetic ether is generated to give it the full, clean aroma of fine vinegar, and then for table use it is very far superior to vinegar made in the ordinary way by fermenting cider, and it is more wholesome, because free from decomposition products of the fermentation of rotten or bad fruit, and free from animalculæ and other impurities always present in vinegar by fermentation.

A New Treatment for the Cure of Glaucoma.—The Medical Record (Nov. 17) called attention to a new treatment of glaucoma by Dr. A. Trousseau. This treatment was first suggested by M. Badal, of Bordeaux, and consists simply in exposing and stretching the external nasal nerve. This nerve, one of the terminal divisions of the nasal branch of the ophthalmic, contains vaso-motor and reflex-secretory as well as sensory fibres. The nasal or naso-ciliary nerve itself is intimately connected with the visual organ by a branch to the ciliary ganglion and by branches to the ciliary muscle.

Dr. Trousseau's experience is founded upon ten operations. He finds that it at once relieves the terrible pain, diminishes intra-ocular

tension, and increases the acuteness of vision. The operation is simple, is liable to no accidents, and if it fails, iridectomy can at once be performed. It may prevent the necessity of enucleation or of optic neurotomy.

The Record thinks as glaucoma is a disease that requires prompt action, and cannot be trifled with, it may well be questioned whether so simple an operation as nerve stretching will have a permanent effect upon the disease.

A CRUX FOR ANTI-VACCINATORS.—The account given by Dr. Wright of a recent prevalence of small-pox in the Romford district, strongly emphasizes the value of vaccination as a prophylactic of the disease. The person first attacked was a woman, with whom the disease was complicated by an advanced condition of pregnancy. This case was fatal. The husband was re-vaccinated and escaped, as did also the children, who had been but recently vaccinated. The inmates of nine adjoining cottages were advised to be re-vaccinated, but declined, and, in consequence, eight persons became affected. Ultimately the remaining inmates consented to the operation, and no further ease occurred. The sister of the woman first attacked caught the disease whilst visiting the patient, and was treated at home. Her husband was re-vaccinated and escaped, but a woman who was in attendance as a nurse, obstinately refused to be protected, and contracted the disease and died.—British Medical Journal.

Treatment of Pelvic Peritonitis.—Dr. Goodell in the New York Medical Times of August 18th, in a clinical lecture on a case of this disease, thus describes his treatment. He advises to lay aside all small doses, and treat the case heroically. In the first place, as much morphia is given as is necessary to relieve the pain, if a hypodermic injection of morphia be chosen at first; but he prefers the use of opium. It is a very good plan to add belladonna by the recam, but it should not be put in the same suppository as the opium. Belladonna is very good for the urinary tenesmus, and it also has effect in lessening the inflammation. The opium must be pushed, but the belladonna cannot. He also gives large doses of quinine, giving in bad cases 10 grains every four hours until the patient is completely cinchonized and is deaf. He next puts a large poultice of flax-seed or corn-meal over the abdomen. If this be

covered with India-rubber or a piece of brown paper greased with lard, it will keep moist and warm for twelve or twenty-four hours, for the rubber or greased paper retains the heat, and the temperature in these cases is always elevated, running up to 103° F. or 104° F. in the evening, and down to 101° F. in the morning. After the brunt of the disease has been passed, the use of blisters must be commenced. In this case the worst is passed; the temperature is, he is sure, not under 100° F. He blisters the patient. He always uses cantharidal collodion. He paints a blister, for instance, 3 inches by 4 inches, putting on three or four layers, and then at once puts over this a poultice. This is an almost painless way of raising a blister. He has never seen it produce strangury. Now in a case of frank inflammation—such as that produced by a sound, where there is nothing of a concealed character—this treatment will subdue it, but if the peritonitis be produced by sponge-tents the case is a bad one. He is sometimes called in consultation to a case of peritonitis by some of his students, and they tell him-'I am giving quinine just as you direct us. I am giving two grains every three or four hours.' Less than five grains should never be given. Certain nervous symptoms will be found present. The woman will be weak and trembling, ready to burst out crying. In such cases he very often gives large doses of the bromides, from 60 grains to 100 grains in the twenty-four hours. If the cases be treated in this heroic way. they will in the great majority be cured at the very beginning of the disease - London Medical Record.

THE ORIGIN OF VACCINIA.—M. Warlomont, of Brussels, read a paper on this subject before the Académic de Médecine, on October 16, drawing the following conclusions:

1. Neither horses, cows, nor any other animals can be considered as vaccinogenous. Neither horses nor cows can directly give rise to horse-pox and cow-pox; either must have previously received the originating germ.

2. The original cause of vaccinia, in its relation to the cow and horse, is nothing else than variola; introduced into the organisms of these animals, it there undergoes an attenuation resulting in vaccinia.

3. This attenuation is less in the case of horses than of cows; consequently horse-pox more nearly approaches the character of variola.

4. The horse is, therefore, less fitted for the culture of vaccinia.

5. Artificial variolia or vaccinial impregnation in the horse by inoculation or intra-cutaneous injection, seems to be produced very much as in the case of the cow, and immunity should be the result of this impregnation.—L'Union Méd., October 18, 1883.

OBITUARY.

JAMES S. ROBINSON, M.D.

Dr. James S. Robinson died at his home in Elizabethtown, Bladen

County, on the 9th of November, 1883, aged 45 years.

Dr. Robinson graduated from the Charleston Medical College in 1861. He was an Assistant-Surgeon in the Confederate Army during the late war. After the war he settled in Wilmington, and entered in the practice of medicine with Dr. W. J. Love. He subsequently removed to Elizabethtown, the place of his birth, where he died. His remains were interred in Oakdale Cemetery in this city: A numerous concourse followed him to the grave.

JAMES MARION SIMS, M.D.

The grave has closed over the mortal remains of the greatest of American doctors. Suddenly he was taken away, but not until he had accomplished the scriptural limit of three score years and ten, full of honor, and with a fame exceeding that attained by any

teacher in this country.

Dr. Sims was born in Lancaster District, South Carolina, January 25th, 1813. He graduated from the Jefferson Medical College in 1835. He commenced his medical career in his native State, but after a brief sojourn there went to Montgomery, Ala. During his residence there he laid that foundation for original work, which revolutionized the surgery of the female organs, and elucidated by practical test the principles of physiology and anatomy as he conceived them to be.

The discovery of the speculum which bears his 'name, now after the act, is so essential to the every day work of diagnosis and surgical and medical treatment, that we can hardly realize that there ever was a time when it was unknown. The application of the silver suture to the treatment of vesico-vaginal fistules, which together with the facility of light and room which it gives the operator, brought together practical details which placed success within the reach of any practitioner of moderate experience as a surgeon.

Dr. Sims' great work "Clinical Notes on Uterine Surgery" was written while he was resident in London during our late war, and made an epoch in the treatment of diseases of women. A glance through the table of contents brings to mind the poverty of all our antecedent knowledge—carries us back to a period where there was no such a specialty as gynecology. Although having an "innate horror of writing," as he tells us in his preface, his book when completed was a master-piece of original work—practical in all its details, and of necessity elementary.

Dr. Sims' great merit and originality was much readier acknowledged by the medical profession than falls to the fate of original

authors. He found the medical world profoundly ignorant of the subjects he taught, and lighted it up with exceeding brightness, so that every little town in the Union has a practitioner able to afford relief in distressing maladies, which before Dr. Marion Sims' times were beyond the ability of the ablest surgeons in the land. His fame must descend to remote generations, increasing in lustre as the years roll by. He has honored his country and the American profession, and he has left a work complete in all its proportions, and broad enough to serve as a foundation for the score of pupils who are so brilliantiy elaborating the principles of their master.

BOOKS AND PAMPHLETS RECEIVED.

Transactions of the Michigan State Medical Society. For the Year 1883. No. 3. Vol. 8. Lansing: W. S. George & Co., Printers and Binders, 1883.

The Collective Investigation of Diphtheria as Conducted by the Therapeutic Gazette, Detroit, Miehigan. With Editorial Summary. By J. J. Mulheron, M.D. Pp. 120.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States. For the Fiscal Fear 1883. Washington: Government Printing Office. 1883.

On the Treatment of Wounds and Fractures. Clinical Lectures. By Sampson Gamgee, F.R.S.E. With 44 Engravings on Wood. Second Edition. Philadelphia. P. Blakiston Son & Co. 1883.

Transactions of the New Hampshire Medical Society at its Ninety-Third Annual Session, Held at Concord, June 19 and 20, 1883. Concord, N. H.: Printed by the Republican Press Association. 1883.

Our Eyes and our Industries. By B. Joy Jeffries, A.M., M.D. (Harvard). (From the Fourth Annual Report of the State Board of Health, Lunaey and Charity.) Boston: Franklin Press: Rand, Avery & Co. 1883.

The Medical Student's Manual of Chemistry. By R. A. Witthaus, M.D., Professor of Chemistry in the University of Buffalo, etc., etc. New York. William Wood & Co., 56 and 58 LaFayette Place. 1883. 8vo. Cloth. Pp. 370.

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Fourth Annual Report of the State Board of Health, Lunacy, and Charity of Massachusetts. 1883. Supplement containing the Report and Papers on Public Health. Boston: Wright & Potter Printing Co., State Printers, No. 18 Post Office Square. 1883.

A Treatise on Syphilis in New-Born Children and Infants at the Breast. By P. Diday, ex-Surgeon to the Hospital de l'Antiquaille, Lyons, Translated by G. Whitley, M.D. With Notes and an Appendix by F. R. Sturgis, M.D. New York: William Wood & Co., 56 and 58 LaFayette Place. 1883. Pp. 310.

A Treatise on Bright's Disease of the Kidneys. Its Pathology, Diagnosis and Treatment. With Chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By Henry B. Millard, M.D., A.M. With Numerous Original Illustrations. New York: William Wood & Co., 56 and 58 LaFayette Place. 1884. Pp. 246.

A Manual of Practical Hygiene. By Edmund A. Parkes, M.D., F.R.S. Sixth Edition. With an Appendix. Giving the American Practice in matters Relating to Hygiene. Prepared under the Supervision of Frederick N. Owen, C. and S.E. Vol. 1. New York: William Wood & Co., 56 and 58 LaFayette Place. [September number of Wood's Library of Standard Medical Authors.]

Eorty-First Report to the Legislature of Massachusetts relating to the Registry and Return of Births, Marriages, and Deaths in the Commonwealth, for the Year ending December 31, 1882, together with the Report Relating to the Returns of Libels for Divorce for the Years 1879 to 1882, inclusive. Prepared under Direction of the Secretary of the Commonwealth. With Editorial remarks by Frank Wells, M.D. Boston: Wright & Potter Printing Co., State Printers, 18 Post Office Square. 1883.

NORTH CAROLINA MEDICAL JOURNAL.

THOMAS F. WOOD, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

FIBROID POLYP OF THE FEMALE URETHRA SUCCESSFULLY REMOVED—TWO CASES OF VESICO-VAGINAL FISTULE.

By T. B. WILKERSON, M.D., Young's X Roads, N. C.

FIBROID POLYP OF THE FEMALE URETHRA SUCCESSFULLY REMOVED.

Miss L., at. 21 years, a dark brunette of a nervous temperament, consulted me in April, 1883, in regard to some vesical trouble. The inception of the disease dated back two years prior to the time the patient was seen by me. There was great difficulty in making water, the stream coming frequently in a small interrupted jet, and sometimes dribbling away guttatim. She had a constant desire to micturate, this was exceedingly painful, attended with a scalding, burning sensation along the urethral tract. The urine at times tinged with blood; after the completion of the act of urination there was a marked tormina and tenesmus of the bladder. If the patient chanced to be so situated that the bladder could not be emptied immediately that an accumulation took place frequently and involuntary discharge of

urine would result. The constitution appeared to be giving away under the local trouble, the patient very despondent, suffering from various nervous phenomena, tongue foul, frequent headache, acid eructations from the stomach. Gaseous collections in the bowels, fulness and painful sensation in the lower part of the hypogastric region, and darting, laneinating pains in the small part of the back extending down the thighs. The attention of the patient was frequently directed, while walking, to a painful swelling at the upper anterior portion of the vaginal outlet; so disagreeable did this sensation become that she was debarred from taking the necessary outdoor exercise. The general constitutional symptoms and the local vesical trouble were greatly aggravated at each monthly epoch. Placing the woman on her back, the hips well over the edge of the bed, I passed my finger into the vagina along the under surface of the urethra, and at the junction of the latter with the bladder I could distinctly detect the presence of a growth. The manipulation with the finger showed but little mobility in the tumor. A silver catheter passed along the urethra was arrested about half an inch anterior to the neck of the bladder, but with a little patience the proximal end tilted upwards so as to make the distal point of the catheter hug the lower floor of the urethra, and its end deflected to the right, the instrument passed the growth, entering the bladder. effort gave considerable pain; withdrawing the catheter, a small probe was passed between the upper wall of the urethra and the tumor; the only point of obstruction was in the lower wall. This examination led me to believe that the tumor was attached to the lower wall of the urethra, neither instrument imparted any roughened sensation, leading to the opinion that an impacted calculus might be the source of trouble. Finding the urinary meatus patulous, the index finger well oiled was passed into the urethra up to the obstruction. This enabled me to confirm the opinion of the tumor's attachment, its pedunculated character, and that the body of the growth was bent backwards into the bladder.

May 19th, 1883, the following operation was performed:

The patient under the influence of chloroform, on the left side and the lever speculum in position, a grooved director with angular handle was passed down the urethra to the neck of the tumor. Whilst this instrument was held by an assistant, the nail of my left index finger was engaged in the groove of the director; and guided by this, a bistoury was pushed through, dividing the urethral canal along the groove of the director from a point one quarter of an inch from the meatus back to the attachment of the growth. Through this wound a pyriform shaped fibroid polypus was drawn out, the body about the size of an egg with a short constricted neck. While the tumor was held with a tenaculum, a needle armed with a double carbolized ligature coated with shoe-maker's wax was passed through the pedicle close down to the wall of the canal, the base securely tied and the tumor excised a little above the loop. After cleaning the parts with carbolized water, the wound was closed by eight interrupted silver wire sutures. A rubber tube with eyelets on each side was placed in the bladder to conduct the urine. The patient complained of some tenderness at the lower part of the bowels for forty-eight hours after the operation, there was febrile reaction, and a distressing nausea with vomiting of bilious matter. She took three times a day the following pill:

R
Acid carbolic, gutt, xij.
Sodæ bicarb. grs. xxiv.
Pulv. opii. gr. iv.

M Ft. pil., xij.

The vagina was syringed out once a day with carbolized water, and the bladder each morning was injected with weak carbolic water. Under the treatment she continued to improve, making a good recovery. Sutures removed on the fifteenth day. Wound found nicely healed. The pedicle ligature was removed along with the tubing on the eighth day, it having become entangled in the eyelets of the tube. The patient is now in excellent health, entirely relieved of all vesical trouble.

CASE I .- VESICO-VAGINAL FISTULE.

Mrs. C., at. 24 years, stoutly built, primipara, of bilious temperament, consulted me in 1882, in regard to an extensive urethro-vesico-vaginal fistule. Two years prior to this time she had given birth to a large still-born child at full term, after a lingering and difficult labor of thirty-six hours duration, non-instrumental. Notwithstanding the care and skill displayed by the medical attendant in the management of the puerpera, an extensive and highly destructive

inflammation ensued, setting in soon after delivery; from this resulted a rapid sloughing of the vesico-vaginal walls. The urine was noticed to be dribbling away on the third day; it required some time to allay this morbid excitement of the parts, she having been confined to her bed for over two months. After a partial subsidence of the primary attack there was a recurrent renewal of the attack at each monthly period, aggravated by the menstrual flux and the acid condition of the urine. She suffered frequently from a severe bearing down pain in the region of the bladder with a prolapse of the internal vesical walls forming a ball the size of an egg, and protruding at times through the vaginal mouth. This constant hyperæmia and hyperesthesia of vaginal tract had marked the desponding lines on the patient's brow, debarred exercise, immured her in her room, denied the comforting solace of friends and acquaintances, and constantly brooding over her troubles, rendered life almost unbearable. Placing the patient in the genu-pectoral position, a truly deplorable condition of affairs was brought to view. There was an irregular oblong hiatus extending from an eighth of an inch of the urinary meatus nearly to the os uteri, the fissure about three and a half inches in length, and one and one quarter inches across-destroying the major portion of the urethra and vesico-vaginal walls, leaving the pubic ligament plainly discernible in front. The narrowed lateral borders of the extensive rent presaged an unfavorable prognosis, but the youthful condition of the patient promised a faithful natural ally. There was but one line of union practicable; a longitudinal closure was the only alternative, a transverse coaptation, if attainable, would have obliterated the cavity of the bladder.

After a few weeks of preliminary treatment, touching the edges of the fistule with nitrate of silver, and the free use of warm carbolized water injections into the vagina to gain as much elasticity and relaxation of the parts as possible. The operation was performed as follows:

Assisted by Dr. W. W. Cozart, the patient on a narrow table in front of a good sunlight, on the left side, and fully under chloroform, the lever speculum held in position, the distal posterior edge of the fistule being put on the stretch by a tenaculum, the borders of the fistulous opening were thoroughly pared to the width of three-eighths of an inch around the entire border. This freshening of the edges was done with narrow, short-bladed knives. The hemorrhage

was quite free, but readily controlled by the application of carbolized ice water to the denuded edges. After arresting all bleeding the sutures of silver wire were passed commencing at the extreme distal corner. This step in the operation was very troublesome, owing to the narrow space left on the sides of the fissure and the constricted condition of the vagina. The needle caught transversely in the bite of the needle-holder, its point had to enter the tissues in nearly a perpendicular line, gradually assuming the horizontal, and slightly raising the point of the needle at its exit at the inner border of the rent.

The needle in its passage describing a sharp curve, by this means alone could a sufficient hold be taken to insure the retention of the stitches; after passing the needle through one side it was grasped again with the needle holder, and passed through the opposite side. In this way eighteen wires were passed. After carefully adjusting the line of wound with the fingers, the ends of the wires were successfully passed through Coghill's wire twister and while the suture was put on the stretch the instrument was carried down nearly to the wound, the wires gently twisted, and the ends cut off, about half an inch from the fistulous border. The twisted ends were then tucked down against the vaginal walls. This adjustment left an aperture in the urethra about the size of an ordinary silver catheter; at this point it was found impossible to make up the half inch of lost urethra longitudinally, and to attempt its make up transversely might endanger the healing of this long line of wound. I therefore deferred its completion to a future operation. After washing out the vagina with carbolized water, a rubber tubing with lateral evelets was introduced into the bladder and the latter washed out with a weak carbolized water. The diet for the first day, while nausea and vomiting lasted, was iced butter milk, fresh; afterwards principally sweet milk, chicken soup, and soft boiled eggs. She was given three times a day, the carbolic acid pill, used by me in every surgical operation. The patient did well, bowels moved on the fourteenth, and sutures removed on the fifteenth day after operation. The wound was nicely healed, not a stitch having given away. Three months after the first operation, assisted by Drs. S. W. Booth and B. Williams, the antero-posterior wall of the bladder, and the remaining strip of urethral tissue having been freshened up, the two surfaces were brought in apposition by the interrupted wire suture.

The result accomplished by these operations has been highly satisfactory. There has been a gradual restoration of the proper sphincter action around the artificially made meatus urinarius. The bladder retains the nrine well; no incontinence unless the bladder becomes distended; but the artificial being still short of the point where the normal meatus should be, there is some irritation at times in the upper anterior portion of the mouth of the vagina, caused by some of the urine dribbling back into the vaginal canal during the act of micturition. Should the trouble continue, I will, at some future day attempt a lengthening of the urethra by a plastic operation. The patient is now pregant, six months gone.

CASE II,-VESICO-VAGINAL FISTULE.

Mrs. M., aged thirty-five years, multipara, of a lymphatic temperament, consulted me in the spring of 1883 in reference to a vesicovaginal fistule. Nearly two years prior to this time, she had been delivered of her fourth child after labor had lasted nearly three days-instrumental aid was required to end the sufferings of the patient. But little information could be given by her in regard to the passage of urine during labor; but she recollected well that it was about the fourth day that the urine began to flow through the vagina. Her getting up was slow, and the confinement greatly weakened the vital stamina. Examining the patient, an elliptical fistule was seen in the trigonum vesicæ an inch in length and three-quarters in breadth, the borders soft, flabby and very irritable. The vaginal tract was chronically inflamed, excoriations on the greater labia, and along the inner side of the thighs. There was great constitutional debility; the face presenting a pinched characteristic hue, indicative of marked mental and physical trouble. Appetite bad, bowels constipated. The general hygienic surroundings of the patient poor, she having the care of a family, necessarily subjected to toil and drudgery and surrounded by few worldly comforts. She had worked on faithfully to the point of bodily exhaustion. This woman was given a constitutional tonic treatment with the most nutritious diet attainable, particular attention paid to the condition of the bowels, and to the healing of the abraded surfaces around, and along the vaginal tract. After the system had reached the highest point of tonicity likely to be gained, the fistule was closed as follows: The patient fully

under the influence of chloroform, on the left side, and the lever speculum in position, the edge of the fistule raised, and rendered tense by the tenaculum, the border was freely pared to the extent of nearly half an inch around the marginal opening. The hemorrhage arrested, the wound was closed by six interrupted silver wire sutures, the latter twisted, clipped and tucked down against the vaginal walls. The vagina having been washed out, a rubber tubing was introduced into the bladder, and the latter cleansed with weak carbolized water injections. This lady made an excellent recovery. Sutures removed on the fifteenth day after operation, the wound firmly healed. The bladder now performs its functions as well as it did before the fistule took place. She took three times a day the "compound carbolic acid pill." In six cases of vesico-vaginal fistule operated on by me, five have been successful, no undue inflammations have followed in any of these cases, and no deaths have followed in any of these cases, and no death has resulted. terminations have followed these operations in the hands of the most experienced American and European surgeons, the unfortunate ending, due generally, no doubt, to septic pelvic peritonitis. The operator is well aware of the fact that the female bladder is a highly sensitive organ, internally connected both sympathetically and anatomically with the most important viscera in the pelvic cavity. To avoid septic complications, a thorough local and constitutional antiseptic treatment should be practiced. In preparing a patient for an opera-tion of this kind the system should be well braced up particular attention given to the proper action of all the secerning organs. All irritation and inflammatory excitement of the genito-urinary tract must be well cared for, the borders of the fistule ought to be in a toughened, non-vascular state. Before commencing the operation thorough anæsthesia should be attained, and especially should this anæsthesia extend to the genito-anal region, the last to yield. By following this plan hemorrhage will be lessened, and there will be less liability to that troublesome protrusion of the vesical mucous membrane

THE HIGH OPERATION FOR STONE, WITH A REPORT OF TWO SUCCESSFUL CASES.

By H. Otis Hyatt, M.D., Kinston, N. C.

Coulson in his chapter on lithotomy thus speaks of the high operation. "In order to perform this operation, the bladder must rise above the superior edge of the pubes, which when empty it does not reach. Hence it is necessary to distend the bladder by injection, to wait until sufficient urine has accumulated to produce the desired effect, or to elevate the anterior and superior part of the viscus by means of a sound, the point of which is made to glide from before upwards against the posterior surface of the pubes. It is obvious, therefore, that the operation is impracticable in all cases where the bladder does not admit readily of distension. Should the presence of the stone have produced much irritability of the parietes, a sufficient quantity of fluid cannot be injected into the cavity."

Clarke in his "Maunal of Surgery" only alludes to this operation, to say that it is seldom performed.

Poulet in his work on "Foreign Bodies in Surgery," does not mention a case in which the operation was resorted to for the removal of a foreign body from the bladder.

II. H. Smith describes the operation of Sir Everard Home as follows: "An incision being made four inches long between the pyramidales muscles in the direction of the linea alba, the tissues were divided down to the tendon, which was then pierced close to the pubes and divided by a probe-pointed bistoury to the extent of three inches, a portion of the origin of the pyramidales being detached so as to increase the size of the opening near the pubes. The fore-finger being now passed in towards the pelvis the fundus of the bladder was recognized, and a silver catheter open at both ends being carried into the urethra its point could be felt pressing upon the fundus of the bladder. A stylet which had been concealed in the eatheter being then forced through the coats of the bladder was followed by the end of the catheter, and the stylet being withdrawn, the puncture in the bladder was enlarged sufficiently to admit two fingers by means of the probe-pointed bistoury. The stone being now felt by one finger while the superior fundus of the bladder was

held up by the other, a pair of forceps with a net attached should be passed down into the bladder and the stone directed into it and retained there by the finger until extracted. A slip of linen being then introduced into the bladder one end was allowed to hang out of the wound and the edges of the latter closed by adhesive plaster, a catheter being kept in the urethra in order to draw off the urine."

Of all the surgical authorities I have been able to consult Gross in his "System of Surgery" gives the clearest and most lucid description of the method of performing this operation as ordinarily practiced. After telling us of its advantages and disadvantages he goes on to say: "That in performing this operation, the patient is placed recumbent upon a narrow table with his legs hanging loosely over the edge and the feet resting upon a high chair. The head and shoulders are somewhat elevated to relax the abdominal muscles. The bladder, previously freed of its contents, is filled with tepid water until it rises a considerable distance above the pubes. surgeon standing on the left side of the patient, makes an incision from three and a half to four inches long, commencing at the pubic symphisis and extending up towards the umbilicus in the direction of the linea alba. It should pass through the skin and cellulo-adipose tissue down to the aponeurosis of the abdominal muscles. These structures being thus exposed are next cautiously divided to the same extent, any bleeding vessels being at once secured.

"The bladder will be found at the bottom of the wound, forming a tolerably large fluctuating tumor invested merely by a thin layer of cellular tissue. To divide this, a few gentle touches of the knife is sufficient, or what is better and more safe the dissection may be affected by the steel end of the handle of the instrument. If the bladder is not sufficiently distended it should be rendered so by the introduction of a sound through the urethra. In either case it is a matter of paramount importance to secure the organ with a tenaculum before it is incised in order to prevent it from collapsing and so sinking down behind the pubic bones; an occurrence which could not fail to greatly embarrass the subsequent steps of the operation. A puncture is next made into the anterior surface of the viscus, on a level with the pubic symphisis, large enough to admit the index finger of the left hand, which is at once inserted, and used as a searcher, to ascertain the situation and volume of the stone. The opening is afterwards enlarged, with a probe-pointed bistoury, to any extent that

may be required. The forceps are introduced and the stone seized and removed. A small silver tube carefully rounded at the end and pierced with numerous apertures at the sides is now conveyed into the bladder at the lower part of the wound, and secured by two pieces of tape fastened to a broad roller, the edges of the remainder of the opening being previously approximated by several points of the twisted suture aided by adhesive straps.

"Instead of the above procedure which is often attended with much inconvenience and risk, the best plan is to close the wound in the bladder accurately by suture introduced in such a manner as not to interfere materially with the serous investment of the organ."

The method proposed by Dulles in his very valuable paper on this subject in the American Journal of the Medical Sciences for July, 1875, does not differ materially from that described by Gross. All the authorities with one accord direct that the incision be made into the fundus of the bladder.

There has, except in the hands of few, always been a large mortality attending this operation, that there are many advantages in its favor that cannot be claimed for the perineal operation none will dispute. Chief among its advantages are the ease with which the operation can be performed. Larger stones can be extracted by this method. There is comparatively no danger from hemorrhage and should it occur it can be readily controlled. It is not followed by incontinence of urine. It is never followed by impotence. It requires for its performance fewer and simpler instruments. It can, all the surgical authorities to the contrary, be performed without passing an instrument through the urethra into the bladder, without its being distended with water, and when the fundus does not reach to a level with the symphisis pubis. It is a well-known fact that the passage of instruments through the urethra, especially if roughly or unskillfully done, does frequently, and especially when the bladder is the seat of irritation, as it always is, when it contains a calculus, becomes no slight source of danger. I have had one patient with stricture who fainted every time a bougie was passed into his urethra, and another on whom I used a Thompson's divulsor, had suppression of urine for thirty-six hours and came near dying. Paget reports a case of death following the introduction of a

It is not our purpose to discuss the dangers of perineal lithotomy,

but to point out what we consider the best method to provide against those of the supra-pubic, which seems to be the most natural, and is, I believe, the best method of extracting stone from the bladder, According to statistics the dangers to be most apprehended after this operation are: peritonitis and urinary infiltration, and if by any method we can diminish these dangers we will have made a long step towards placing this operation in a more favorable light, possibly making the chances equal to, if not better than by the perineal section. I am certain that if the surgeons of Cheselden's time had been less of bunglers, and he, while he was achieving such brilliant results by this method, had devoted as much patience and care towards perfecting it as he did with the lateral operation, it would long ago have held a much higher place in the estimation of the surgical world. Cheselden only lost one patient in ten. only lost five in forty. Frere Cosme lost nineteen in one hundred. Dulles, in his paper on this method, says of these last cases that they were so favorable that he was unwilling to admit them in the general estimate, which, I think, is wrong. Cheselden's might as well be thrown out on the same general principles. In his table of deaths attributable to this method, he includes two from hemorrhage and three from failure to remove the stone. There can be no excuse for a patient's dying from bleeding from this operation, even should there be an abnormal distribution of the arteries so that one lies in the tract of the wound, any surgeon who presumes enough upon his ability to cause bleeding, should be prepared to check it, especially when everything is as accessible as it is in the lower abdominal wall. The three cases of death attributable to failure to remove the stone should not be dignified as operations, and should not be counted either for or against the method. They were simply failures and nothing more.

Before attempting to arrive at a better method of operating, let us examine the anatomy of the anterior surface of the bladder and see if we can ascertain the probable cause of urinary infiltration, peritonitis, and the reason why surgical authorities are so unanimous in the opinion that the bladder should be distended so as to reach above the pubes before the operation be undertaken.

"The anterior region is bounded below by the anterior true ligament and the upper part of the urethra, and above by the vesicoabdominal fold of the peritoneum, at the sides it is continuous with the lateral regions. In the empty state of the bladder this region is altogether free from peritoneum and corresponds to the symphisis and body of the pubis, and to the fascia covering the obturator muscles on both sides, being attached to both sides by loose cellular tissue. Numerous veins course over it in a direction obliquely downward and inwards, and form a trunk which transverses the quadrilateral space and empties itself in the dorsal vein of the penis. To this space are attached the anterior true ligaments, two bands of the recto-vesical fascia extending between the bladder and body of the pubis. These ligaments are in relation below with the upper surface of the prostate, and the quadrilateral space of which they form the lateral boundaries is occupied by a thin fibrous membrane which is traversed by the anterior vesical veins.

"When the bladder is distended, the relation of the anterior surface becomes considerably modified, it rises above the level of the symphisis pubes and comes in contact with the posterior aspect of the recti-muscles covered by the transvirsalis fascia, and in an extreme case of distension the summit of the bladder may reach as high as the umbilicus. Under these circumstances the anterior surface of the bladder becomes much increased in size and only a portion of it is covered by peritoneum. The bladder can be, therefore, punctured above the pubes without wounding the serous membrane. The space that is left uncovered by peritoneum varies considerably; but it may be taken on an average to extend from an inch and a half to two inches above the symphisis pubes when the bladder is much distended."*

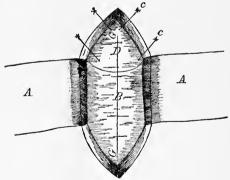
Notwithstanding the fact that heretofore this operation has been reserved for the most unfavorable eases, and that the distension of the bladder has been considered an absolute prerequisite to its successful performance. The mortality in all the cases ever performed has only been twice as great as from the perineal. This fact alone is very much in its favor when we consider that the majority of these operations were performed when surgery was in its infancy and long before the discovery of anæsthesia; when all operations were harried through with as speedily as possible and no care was taken to make clean dissections or save the parts operated on from unnecessary bruising. In the mortality table collected by Dulles

^{*}Coulson.

the ratio of deaths among females operated on by this method is not quite so great as that of males operated on by lateral lithotomy. This would indicate that the passage of instruments, and the rough handling of the long and sensitive urethra of the male has contributed no little to the mortality of this, as well as the perineal operation, and if only this part of the danger of this operation, can be done away with, as the following to be dis-cribed cases clearly demonstrate, it will then be placed on a level with, or on a higher mortality plane, than perineal section.

Case I.—Thomas S., æt. 60 years, presented himself May 14th, 1883, with the curved half of a jointed metal eatheter in his bladder. He has been troubled for the last six years with hypertrophy of the middle lobe of the prostate and has had to use a catheter for the same period of time in order to relieve his bladder and prevent overdistension. On the morning of May 14th while attempting to use the catheter which had become very much worn at the joint, it came in two, attempts to remove it by the urethra proved abortive, the catheter glided into the bladder. It was determined to remove the catheter on the evening of the same day in which it was passed into the bladder, and the following were the reasons that induced us to attempt the supra-pubic instead of the perineal operation: The patient had a very large middle table of the prostate. There was chronic inflammation of the mucous lining of the bladder, the walls were much thickened and were very strong, and should an opening be made through the perineum, the bladder, by a violent contraction might drive the sharp edge of the jointed end of the catheter in such a manner along the edge of the perineal wound as to do considerable damage. Before commencing the operation the point of the catheter could be felt high up above the pubes and to the right of the median line, which indicated that the broken end was pressing on the base of the bladder and to the left side of the prostate. The incision through the abdominal wall was made in the usual place for the high operation. The bladder contained little water, as he had just passed it before we arrived, and it was not considered necessary to inject it before operating, neither was there any instrument passed into the bladder to push up the abdominal wall. After cutting through the abdominal wall down to the bladder, we were confronted with a complication which demanded an immediate solution. We had opened the peritoneum over the fun-

dus of the bladder to the extent of three-quarters of an inch. I passed my finger through this wound into the abdominal eavity so as to be sure I was making no mistake about the matter. The questions which presented themselves were, shall we sew up the wound and remove the catheter by the perineal operation, or, can we, without further increasing the patient's risk of peritonitis, continue the operation and remove the offending body? It was a question that did not admit of much deliberation. The only difficulty in the way of completing the operation was how to prevent the escape of urine into the abdominal cavity. To prevent this we had the abdominal wound held apart with a pair of Parker's retractors and passed a curved needle threaded with plaited silk ligature down and into the exposed fundus of the bladder, and then turning the point upwards brought it out through the bladder and abdominal wall near the edge of the wound and tied the ligature, four sutures were put in after this manner which we deemed sufficient to hold the peritoneal surface of the bladder and the peritoneal surface of the abdomen, close enough together to prevent any escape of urine into the abdominal cavity when the bladder should be opened. The bladder was then opened and the eatheter extracted and the wound left open. The accompanying ent represents the sutures in position, and the

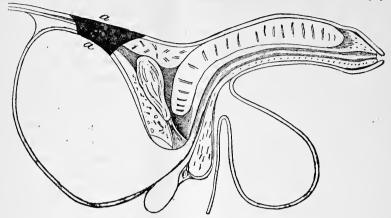


line of incision through the fundus of the bladder. The bladder wall was at least one half inch thick. The after-treatment consisted in washing out the bladder with warm water containing permanganate of potash and the daily cleansing of the wound. The stitches were removed on the fourth day after the operation, a sufficient time having clapsed for the peritoneal surfaces to become adhered. Once in every day or two a catheter was passed through the wound into

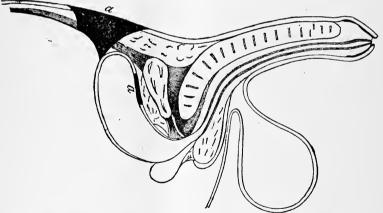
the bladder in order to keep it open. We expected to gain two objects by this measure to cure the inflamed bladder by free drainage and to leave him a permanent opening so that he would be in no farther danger from the enlarged prostate. After the tenth day a very curious phenomenon presented itself; that of ability to control the flow of the urine through the abdominal wound and to void it through that opening whenever he felt like micturating. I can form no reasonable hypothesis to explain this unless it be, that by this time the hole in the bladder had become very much reduced in size and the muscular fibres in the much thickened bladder wall may have by their contraction sufficiently pressed together the sides of the wound to prevent the urine from escaping until the whole viscus was made to contract by the desire to urinate. Whether this explains it or not, the fact remains the same. In four weeks after the operation the patient was enabled to follow his ordinary work, that of a farmer. Whether he failed to pass an instrument into the bladder often enough or not, in spite of all my precautions, the wound was, six weeks after the operation, closed up.

The success attending this operation, and the successful overcoming of one of the grave dangers that may present themselves in any supra-pubic operation led us to more fully investigate this subject. In looking over our library which is not very full (a country doctor's never is) we were surprised to find so little said about it, especially in the modern books on surgery. Though there does not seem to have been any modern attempt to popularize or perfect this method, it seems strange that the most important, and I may say, the only grave feature of it should have escaped the attention of the older surgeons and a method devised for overcoming it.

The accompanying cuts represents the incisions through the distended bladder and its change of position in the collapsed or empty



state. The bladder is an elastic bag, so to speak, and when distended, stretches equally in all directions save at the neck or mouth of the bag; an incision two inches long through the fundus of the distended bladder will be only one inch long, or may be less when the



bladder is empty and owing to its lack of attachment to the abdominal parietes, the bladder wound after the organ collapses, instead of being directly under the abdominal wound will glide either under the pubes or under the peritoneal covering of the posterior surface of the collapsed bladder and should it take the latter course it would be something short of a miracle if infiltration and peritonitis did

not occur. This is evidently the mechanism of the production of peritonitis and urinary infiltration.

In the second case operated on by Dr. H. T. Bahnson, of Salem, N. C., by the supra-public method, pus and urine collected between the bladder and abdominal wall which he, with characteristic good sense, succeeded in getting rid of by pressure upon the abdomen exerted towards the abdominal wound. In stiching this man's bladder to the abdominal wall, we thereby fixed it, and kept the bladder wound directly under the abdominal, and gave free exit to the pus and urine, and saved him all risk of infiltration and peritonitis. Since, there has never been heretofore any effort made to fix the abdominal and bladder wound in a line with each other, and to keep it in that position it is fortunate that this operation has been reserved for cases of large calculi thereby making it necessary to make a large wound in both abdominal and bladder wall otherwise slipping of the bladder wound, entirely from under the abdominal, would have been more frequent and fatal results have oftener taken place.

CASE II.—Amos Coleman, a stout fleshy man, aged about thirty years, has been troubled with calculus for the last three years. He was operated on July 1st, 1883. In this case, after a due consideration of all the points bearing on it we concluded that it was possible to remove the stone by a modified method of the high operation and give him as good, if not a better chance for his life than by perineal section. This man could not retain water more than two hours and no attempt was made to inject the bladder, in fact he made water while we were arranging the bed for him to be operated on. The hair being shaved from the pubes and the patient put under chloroform, an incision about three inches long was made in the direction of the linea alba, commencing a little below the upper border of the symphisis pubis. The skin and connective tissue were divided down to the symphisis and pyramidalis muscles which were divided to the extent of one and a half inches. The edges of the wound were kept carefully apart so as to give us a constant view of the base and by the frequent introduction of the finger and pressing upwards in the direction of the abdominal cavity we could have discovered any rent in the peritoneum as soon as it occurred and could have dealt with it as we did in the former None was discovered, neither did we much expect to make one; the patient was rather fat and in such subjects there is

always a considerable amount of fat between the anterior bladder wall and the posterior surface of the symphisis pubis. With aid of the left index finger and a sharp pointed bistoury, we separated the anterior bladder wall from the pubic bones and finding the neek of the bladder at the base of the wound we fastened a tenaculum in the bladder near the neek to steady it and opened the bladder with a sharp pointed bistoury; about one ounce of urine escaped. The wound was enlarged by a probe-pointed bistoury the wound being extended towards the neek of the organ. This made an opening sufficiently large to allow us to remove three calculi, the conjoined weight of which was one and a quarter ounces.

The reason for going down behind the pubic bones to reach the bladder was two-fold, first, to ascertain if the so-called impossibility of doing the supra-pubic operation on an empty bladder was an absolute fact, or did the fact only exist in the brains of the surgeons who made the statement. Secondly, to open the bladder at a point where the alternate contraction and expansion of the viscus would not change the relative position of the bladder wound to the abdominal or in any way interfere with the free escape of urine and pus.

The after-treatment in this case was similar to that adopted in the first case. The bladder wound healed in twelve days after the operation and the other gradually filled in by granulations.

To Dr. Henry Tull and medical student F. P. Gates is due a good

To Dr. Henry Tull and medical student F. P. Gates is due a good part of the success, of these operations. They constituted the only assistants I had in performing them, and they have personally attended to all the details of the after-treatment.

The practical lessons to be drawn from these cases are first, that it is not a prerequisite to distend the bladder before operating, that the operation can be done upon the empty, just as well as upon the distended bladder. We thereby save any risk to the operation that may be produced by the passage of instruments, or the rough handling that the urethra is subjected to in the lateral operation. If the bladder will not admit of distension by the voluntary holding of the urine it is totally unnecessary to increase the risk by forcibly distending it with water. In all cases when the bladder can be distended by the voluntary retention of the urine, I should prefer, on account of its ready accessibility, to make the incision through the fundus and then fasten the upper angle of the bladder wound to the upper angle of the abdominal wound by the intro-

duction of a suture from within the fundus and bringing it out through the upper edge of the abdominal wound and tying it in this position, thus fastening the upper edges of both wounds together. If the stone should be very large the incision can, without incurring further risk, be extended to the neck of the bladder, thus laying the whole organ open which will admit the extraction of any calculus the viscus can hold. After fastening the bladder which should always be done when the fundus is cut through and should never be omitted, unless the incision is made on the front wall and just above the urethra. Where this proceeding is unnecessary, as the bladder wound cannot, by any accident slip from under the abdominal wound, the surgeon can, or not, just as he sees fit, sew up the bladder, it will heal up just as readily after fastening as not. I believe it possible, in favorable cases to include both the bladder and cut edges of the abdominal wound in sutures, and obtain union of the entire wound by first intention.

In conclusion, I take the liberty of adding five more cases of this operation to the list performed by American surgeons. Three were operated on by Dr. Henry T. Bahnson, of Salem, N. C., and two by myself. Of the forty-three operations performed by American surgeons, and tabulated by Dulles, there were fourteen deaths. Of the five cases by Dr. Bahnson and myself there were no deaths.

RULE FOH REDUCING DISLOCATIONS OF THE HIP JOINT.

Having flexed the leg on the thigh, and the thigh on the pelvis, slowly rotate the limb as far as possible, inwards or outwards, according as the toes pointed in or out before beginning the manipulation; then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum.

For example: In the iliac and the sciatic dislocations, the toes point inwards; therefore, rotate inwards as far as possible, and afterwards rotate outwards. In the pubic and thyroid dislocations the toes point outwards, hence rotate the limb outwards still more, and then inwards.—The Polyclinic.

SELECTED PAPERS.

THE PREVENTION AND TREATMENT OF PUERPERAL FEVER.

Read before the New York Academy of Medicine, Dec. 5, 1883.

By T. GAILLARD THOMAS, M.D.,

Clinical Professor of Diseases of Women in the College of Physicians and Surgeons, New York.

At a time when a flood of literature pours in upon the practitioner of medicine from numberless sources, upon every conceivable subject connected with his calling; when original ideas are spread out over space as gold-bearers hammer foil; and when the changes are rung upon every meritorious essay by a host of others which offer the reader merely the same thoughts in different words—it is pertinent and justifiable for every member of this audience to demand the motive, or, as our Gallie neighbors would express it, "the raison dêtre," of a paper upon so trite a subject as the present, and one which has already received the attention of many of the brightest intellects devoted to obstetrics.

I accept this challenge to-night, and before beginning my essay, shall strive to justify, if I can, its preparation. I freely confess that it contains nothing that is original, nothing which has not already received careful consideration at the hands of the progressive obstetricians of the world. And yet I am not only emboldened to present it, but even to hope that it may be regarded as worthy of the attention of those who listen to its reading to night, and that, in its dissemination among many in this country in whose medical pupilage I have taken part, it may accomplish good.

The plan of treatment for that hydra-headed monster styled puerperal fever, which I shall advocate, has nowhere, so far as my knowledge extends, been fully elaborated in any one essay, and carefully systematized; the various portions of the plan are not yet even generally accepted as orthodox; and many appear at this last date to have paid little attention to them in practice, even if they have seen them in print.

In support of these assertions I will refer to these two facts. In

the year 1879, at a session of the American Gynecological Society in Baltimore, the question of intra-uterine antiseptic injections for the cure of puerperal septicæmia came up for discussion. It received very qualified approval, and, with one exception, if my memory serves me right, I stood alone in its strong and uncompromising advocacy. About a year ago I related, in a society of this city, the history of a bad case of puerperal septicæmia which was, beyond question, saved by the persistent and bold use of intra-uterine injections. This very desultory report was published in some of the medical journals of this city, and after its appearance I received a half-dozen letters from men at a distance in this country, asking how the injections were made, and other questions showing so great a want of familiarity with this valuable method that I became convinced that still another exposition of its merits might prove well-timed and useful.

Lastly, I would state that I was, if not the first, at least among the very first, who adopted the use of intra-uterine injections and cutaneous refrigeration, in the very inception of both plans in this country; that I have since then never ceased to urge them as valuable resources upon the numerous practitioners with whom I come in daily contact, as teacher, consultant, and associate; and that, for this reason, I trust my large experience in and present estimate of these methods may prove of some value.

Of all the great benefits which have, within the past quarter of a century, been conferred by the advancing science of medicine, in my opinion, none has been more important and more signal than that relating to the prevention and cure of the febrile conditions incident to the puerperium. Even before the new era which has recently dawned upon this subject, the personal communicability of these dangerous affections was fully recognized, but it was left for the establishment of the germ theory of disease to render their extreme contagiousness fully appreciated; to impress the facts that, with proper precautions, prevention was within the range of possibility, and that treatment based upon the knowledge thus given might be made effective, and, to a great degree, certain.

Ever since the days of Hippocrates, pathologists have striven earnestly to elucidate the phenomena of those diseases which developed in consequence of the process of parturition, and produced such lamentable results. Over two thousand years have elapsed since that time, and only now have we passed "out of the darkness into the light" in reference to the matter, for now it does really appear that we are beginning to understand the pathology of that group of affections styled puerperal fever. The views which were, during this long period, at various times advocated and more or less generally adopted, are thus enumerated by Hervieux in his masterly and exhaustive treatise upon this subject:

The doctrine of suppression of the lochia; the doctrine of metastasis of the milk; the doctrine of inflammation of the uterus and peritoneum; the doctrine of a specific puerperal fever; the doctrine of uterine wounds as we have one after an amputation; the doctrine of a multiplicity of puerperal affections grouped under one common name; the doctrine of puerperal blood-poisoning.

Let us pause here and review the features in the condition of the puerperal woman which render her a prey to so many and dangerous disorders which spring up as consequences of utero-gestation and of parturition.

In the first place, her blood is in a condition of hyperinosis—that is to say, it contains a great excess of fibrin. If it be drawn by the lancet; it presents the buffy coat, upon which our forefathers laid so much stress, in the most marked degree; and from this arise two liabilities—first, a tendency in such blood to form thrombroses in the heart and blood-vessels, and second, a tendency to prove a most prolific ground for the development of sepsis and zymosis. Measles, scarlatina, and varioloid, which give no very bad prognoses when they excite zymosis in the blood of the non-pregnant woman, commonly produce death when they act upon the blood of pregnancy.

Then the nervous system is in a plus state of sensitiveness and excitability, and influences which are very controllable in the non-puerperal state produce very evil results here. For example, an accumulation of urinary poisons in the blood produces convulsions; an untoward moral influences violent mania; and crude ingesta result in severe spasmodic affections in the elimentary canal which, in the same woman when not pregnant, would scarcely have attracted attention.

The local conditions which result from parturition are even more striking. The uterus and other pelvic viscera are, at full term, as fully supplied by lymphatics and lymphatic glands as is shown in this diagram; and the arteries, veins, nerves, and other tissues of that

organ, the vagina, the uterine ligaments, and the peritoneum have all undergone a rapid physiological hypertrophy, which permits of an organ only three inches in length ascending so as to touch the ensiform cartilage.

ensiform cartilage.

The uterus about the 280th day of gestation contracts and expels the child; then the placenta and membranes; and then closes its empty cavity, and rests. Let us suppose that in forty-eight hours after delivery a primipara dies of pneumonia, and that we are allowed to lay open the genital tract and examine it from the fundus uteri downward. Outside all looks well; the uterus is merely much larger than in the non-pregnant state. Within, it presents a very different appearance; the whole endometrium, covered over by the greyish, sloughy-looking decidua vera, presents all over its surface an unhealthy, unclean, and diphtheritic look, although free from exudadation. Here and there shreds of membrane, consisting of small dation. Here and there shreds of membrane, consisting of small portions of the decidua reflexa, which had become adherent, appear partially detached and somewhat decomposed. At one point the large placental site is seen, raw, irregular, and covered over by minute traces of the placenta and small blood-clots which close the mouths of the uterine sinuses. The odor of the opened uterine cavity, the walls of which are thus covered, is disagreeable. The substances mentioned have for forty-eight hours been dislodging themselves and mingling with the pinkish fluid which pours like an unhealthy sweat from the placental site; constitute what is called the cleansings, or lochial discharge. Upon examining the cervix uteri, we find two or three small rents which pass through the mucous lining and involve to a varying depth the sub-lying parenchyma. In consequence of these injuries, and of absorption through them of the lochial discharge already mentioned, the cervix is swollen and ædematous. As we examine the vagina it will be found that the great distension impressed upon it by the head of the child in its passage to the vulva has in two or three places caused a superficial rupture of the mucous lining of this canal.

We now arrive at the vulva, and here we find several solutions of continuity which have been effected by the escaping head. The fourchette has been torn through, and this rent has extended through a small portion of the perineum, and one or two small fissures have occurred in the mucous membrane covering over the ostium vagine.

Were we to take some of the lochial discharge from the vagina.

after the atmosphere has acted upon it, and abrading the inside of the finger with a lancet so that it bleeds slightly, apply this freely to the denuded surface, and allow it to become dry there, its irritating character would soon become evidenced by a burning sensation in the part, a smarting extending up the hand, and on the uext day signs of a slight local inflammation, with a little lymphangitis, would be noticed. This would probably last only two or three days—merely long enough to demonstrate the fact that the fluid is an irritating one, but not sufficiently poisonous to cause erysipelas or severe angeioleucitis.

The natural history of the ordinary local results of human parturition is given in the foregoing sketch. In every case of child-bearing the endometrium is thus incumbered and freed by a process of exfoliation and sloughing; in every case the cervix, vagina mucous membrane, perineum and vulva are, in varying degrees lacerated; and in every case the offensive fluid, called lochia, poison these freshly made, unprotected wounds. And yet what are the usual results? Recovery, uniformly, I might say universally unless some unusual occurrence manifests itself to prevent this happy consummation! Theorizing about the matter, one would suppose that the mortality resulting from such a state of things must be excessive. Here we have a number of recent wounds constantly and unavoidably bathed with a fluid made up of dead and decaying animal tissue in a woman whose blood and nerve states, with reference to septic disease, like flax prepared for the spark, and who is exhausted by pain, anxiety, loss of blood, and deprivation of sleep. Can any one point to any concatenation of circumstances better calculated to insure a bad result? And yet the facts are these: only about one or two in every one hundred parturient women ordinarily die when properly cared for during labor, even in public hospitals.

Recovery, then, is the very general rule after normal parturition; death the very rare exception. But now and then all this is changed. Some ferment or specific poison gains access to the genital canal and acts as rapidly and as decidedly as a little yeast added to dough. In the latter case, active and immediate fermentation affects the whole mass; in the former a set of striking, alarming, and often fatal phenomena occur, which spread dismay through the lying-in chamber and give an entirely new complexion to the prgress of the case. The fact that this unfortunate occurrence has taken place will

usually announce itself to the attending physician in this way. He leaves his patient on the morning of the third day cheerful, happy, free from pain, with a pulse of 85, and a temperature of 99°. He is called to her in the latter part of that day and finds that she has had a slight, perhaps a scarcely perceptible, chill; that some pelvic pain has followed it; that the lochia have ceased; that the milk which was just showing itself has disappeared; that a severe headache exists; that a look of indescribable anxiety has replaced the happy expression of the morning; that a look of indescribable anxiety has replaced the happy expression of the morning; that the pulse-rate is 130 to the minute, and that the buceal temperature is 104.°

A poisonous element has by some method or other reached the genital tract, as fruitful a field for its activity as a mass of dough is for yeast, and the result is already manifesting itself. Let us suppose the patient's medical attendant lays the flattering unction to his soul that all this is due to "malaria"; or that he soothes his troubled mind with the hope that it is "milk fever"; or that, recognizing the attack as one of "puerperal septicemia," or "blood-poisoning of child-bed," the first link in that terrible chain called puerperal fever, he relies upon medicines given by the mouth or rectum, what is usually the course shown as the natural one of the affection? Within a week, or thereabouts, for there is no rule as to this point, parenchymatous metritis, lymphangitis, lymphadenitis, plebitis, cellulitis, or peritonitis will very probably develop itself, and what was originally merely a septicæmia will merge into one of these affections, and the patient will pass through the perils attendant upon whichever of these pathological states manifests itself as a consequence of the initial lesion.

Sometimes the septic disorder develops puerperal mania, while at other times a septic pleuritis, endocarditis, pneumonitis, pericarditis, or meningitis follows the systemic poisoning, the lymphatics emptying their deadly contents into the thoracic duct, and thus transferring them into the subclavian vein, as Lusk clearly points out. At other times the condition continues one of true and uncomplicated septicæmia to the end, death occurring from coma, or the patient succumbing to exhaustion from hyperpyrexia, which lasts for weeks. What was originally septicæmia, however, as a rule rarely remains so, but generally passes into some other disorder, and very generally, into peritonitis, before a fatal termination occurs,

And now comes naturally the question, What is the pathology of that affection styled puerperal fever? An inquiry into the views which prevail among others would evidently require more time than I could possibly allot to it to-night; and yet I am desirous that my answer, even if very short, shall be in clear, succinct, and simple as to convey perfectly the opinion which a practice of thirty years has impressed upon my own mind concerning a subject which has always deeply interested me, and in connection with which I have had abundant opportunity for study, both at the bedside and in the dead-house.

My observations have led me to adopt the views of those who believe that puerperal fever is puerperal septicæmia. It matters not whether it assumes the form of metritis, phlebitis, cellulitis, peritonitis, or lymphangitis, the essence of the disorder is a poison, which is absorbed into the blood of the parturient woman through some solution of continuity, and which, in the appropriate soil of the puerperal condition, fructifies and produces the result known in its ensemble of pathological phenomena as puerperal fever. From my stand-point, the matter is well stated by Lusk when he declares that "it has now passed beyond the domain of dispute that puerperal fever is an infectious disease, due, as a rule, to the septic inoculation of the wounds which result from the seperation of the decidua and the passage of the child through the genital canal in the act of parturition."

As early as 1870, Hervieux, in his work on the diseases of child-bed, already alluded to, expressed himself upon this point in the following words: "Here I stand; if what I have said does not carry conviction of the truth of my doctrine, fuller explanation will fail to do so. I believe in the multiplicity of puerperal diseases. I believe in puerperal poisoning as the source of them. Here, in two words, my creed is presented."

In 1877 the Berlin Obstetrical Society appointed a committee on puerperal fever, consisting of Schröder, Löhlein, A. Martin, Fasbender, and Boehr—men whose names are sufficient to command attention, even if their words fail to carry conviction. In its report this committee expresses its views thus: "Under the names 'puerperal fever,' 'malignant child-bed fever,' are included a group of diseases occurring in child-bed which vary very greatly in their manifestations but have this in common, that they are called into being by the

absorption from the organs of generation of a material which gives rise to destructive inflammation and fever. There are, indeed, a number of substances, mainly composed of organic materials in a state of putrid decomposition, which, when brought into contact with an open wound, set up inflammation in it, which extends to the neighboring tissues; a further absorption by the lymphatics and blood-vessels leads to more extensive inflammation among neighboring and remote organs; and, when a large quantity is rapidly absorbed into the blood, a quickly fatal poisoning of the whole organism occurs. To surgeons the deadly effect of these materials upon wounds is only too well known, and the greatest advance, probably, which surgery has ever made consists in the so-called antiseptic method of treating wounds—that is, in the scrupulously exact removal of such materials from fresh wounds.

"Puerperal fever is indeed nothing else than the infecting of fresh wounds, such as are found in every newly delivered woman, with these destructive septic materials. Almost every woman, after labor, has small wounds on the external genital organs, which are caused by the passage of the child through this narrow opening, and in every newly delivered woman the inner surface of the uterus, from which the protecting membrane has been cast off with the ovum, presents a large wound surface. Thus, every newly delivered woman is liable to suffer from the dreaded infective wound diseases, which, in persons wounded under other circumstances, are called pyæmia, septicæmia, wound-fever, blood-poisoning, purulent infection, etc., so soon as suitable septic materials are brought into contact with the genital organs."

And now a few words upon the nomenclature of this disease, which for so long has been known under the names of puerperal fever, child-bed fever, lying-in fever, and the names of the various special affections which develop in its course—phlebitis, lymphangitis, etc. Of late an effort has been made, which I think has emanated from that school of obstetrics which has shed so much lustre upon our art and enriched, with so many eminent names the obstetric register of the world—the Dublin school. By members of this it has been urged that the name metria should supplant that of puerperal fever.

I for one sincerely trust that the suggestion will never be adopted. In what is the new name better than the old and faulty term? Does

metria exclude any chance of error as to pathology, or advance the clearness of understanding in any wise? I think not. Of the two terms it appears to me that, while both are objectionable, metria is the more so.

On the other hand, puerperal septicæmia conveys to the student and to the practitioner a clear and definite idea, which appears to be in consonance with the truth as taught us by modern pathology. In spite of the fact that important complications commonly result from the initial lesion, it appears to me that the influence of this is so paramount that its title should be adopted in spite of the fact that it is far from being absolutely perfect.

I should willingly, for the present, accept the reservation offered by Dr. Robert Barnes, when he says: "I would propose that the word should not assume that a distinct, specific poison, or sepsis alone, is concerned, but that it should be used comprehensively as a general term, implying that the blood of the puerpera is empoisoned"; and this although I do believe in the evidence of a specific poison, which is the great factor, as surely as I believe in such a factor in the production of typhus or variola.

What is the nature of this subtle and deadly poison, which, entertering like a ferment into the genital canal of the puerperal woman whose blood is hyperinosed, whose nerves are in a condition of hyperæsthesia, whose nerve-placental vessels are partially open, whose cervix uteri, vagina, and vulva are covered with fresh superficial wounds, and whose womb is pouring slowing forth a fluid composed of dead tissue, decomposed blood, and recently exfoliated cells, gives rise to so much disturbance? What do we know of the poison? what is its natural history? what encourages its life? and what kills it, or cripples its activity?

Unfortunately, these questions cannot to-day be satisfactorily answered; but have such questions been any more satisfactorily answered with reference to scarlatina, measles, and varicella? German pathologists have proved that the presence of micrococci, more especially of the round bacteria, occurs so frequently in the pathological products of puerperal diseases as to lead to the conviction that they are important factors in reference to them; but this point, like many others connected with the influence of bacteria as morbific agents, is yet too unsettled for admission into a practical treatise like the present. Inquiry into the matter is now being pushed with vigor

in the laboratories of France and Germany, and we have, according to recent reports, a fair prospect of valuable and practical results.

But, even although we do not at present know the exact nature of the poison which proves the disturbing element in these cases, we surely know that some such toxic agent exists, and it behooves us to learn how to prevent its entrance into the genital tract, and how best to destroy its life or its activity if it should gain admission in spite of our care and watchfulness.

Whatever be the character of this agent, we know, that there are two and only two, methods by which it can reach the parturient tract and exert its baneful influence. First, it may be carried to the vulva and into the vagina through the open orifice of that canal by the atmosphere, in which it floats as an impalpable substance; and, second, it may be carried to any part of the genital tract by the fingers of doctor or nurse; by towels or cloths laid against the vulva; by sponges used in washing; by instruments used in the delivery of the child, drawing of urine, or injecting the vagina; and from the bed-clothing and body-clothing of the patient which are in immediate contact with the sexual organs.

As this paper is already assuming proportions greater than those which I originally prescribed for it, I shall deal with this part of my subject rather dogmatically, offering a number of propositions which will embody in a few sentences what would otherwise demand a great deal of space for its enunciation. I shall address my remarks chiefly to the management of cases of midwifery occurring in private practice, as the wards of hospitals have long been subjected to systematic rules, while my observation in the capacity of consulting physician positively convinces me that in private practice, even among the wealthy who can command every safeguard and procure every luxury, there exist a want of system and an apathy as to preventive measures which border very closely upon criminality. To-day, when it is so generally agreed among the ablest obstetricians of the world that puerperal fever is the result of a special poison, and that prophylaxis against this is, by close attention to very simple details, perfectly practicable; it is the duty of every practitioner to guard his patient against danger by every means in his power. If he accept the views which this paper adopts, his duty is clear; it is equally incumbent upon him to give his patient the benefit of the doubt if he reject them.

Prophylactic measures which should be adopted in all midwifery cases, whether they occur in hospital or in private practice:

- 1. The room in which the confinement is to take place should have the floor, walls and furniture thoroughly washed with a ten per cent. solution of carbolic acid or mercuric bichloride, 1 to 1000, and the bedstead and mattresses should be sponged with the solution. Curtains, earpet, and upholstered furniture should be dispensed with as far as possible.
- 2. The nurse and physician should take care that all their clothing, both under and upper, be clean and free from exposure to the effluvia of any septic affection. Should either of them have been exposed within a fortnight to the effluvia of such affections as scarlet fever, typhus, erysipelas, septicamia, or the like, they should change every article of clothing and bathe the entire body, especially the hair and beard, with a reliable antiseptic solution; that which I prefer for this purpose is a saturated solution of borie acid.
- 3. As labor sets in, the nurse, having thoroughly washed her hands, cleaned her nails with a stiff nail-brush, and soaked them in antiseptic fluid, should administer to the patient a warm vaginal injection of antiseptic character; bathe the vulva and surrounding parts freely with the same; repeat this every four hours during labor; and keep a napkin, wrung out of the warm antiseptic fluid, over the genital organs until the birth of the child.
- 4. Before assuming the functions of their respective offices at the moment of labor, both doctor and nurse should wash the hands thoroughly with soap and water, *scrib* the nails with a stiff nailbrush, and soak the hands for several minutes in a bichloride solution, 1 to 1000.
- 5. The first two stages of the labor having been accomplished, the third stage should be efficiently produced; all portions of placenta and membranes removed; and ergot administered, in moderate dose, three times a day, and kept up for at least a week, for the complete closure of the uterine cavity, expulsion of clots, and occlusion of the ntero-placental vessels.
- 6. The doctor, taking nothing for granted, not satisfying himself with a vague report of the nurse, should, at the conclusion of the labor, carefully examine the vulva of the patient. If the perineum be lacerated, it should be closed at once by suture, to shut up this avenue to septic absorption; and, should slight solutions of

continuity be found in the labia or the vulvar extremity of the vagina, these should be dried by pressure of a linen cloth, touched with equal parts of sol. ferri persulph, and carbolic acid, again dried thoroughly by pressure with the cloth, and then painted over with gutta-percha collodion. If this be thoroughly done, absorption will be prevented at these points for at least three or four days, when the application may be repeated.

- 7. In six or eight hours after the labor, when the patient has rested, the vagina should be syringed out with an antiseptic solution, and a suppository of cocoa butter, containing from three to five grains of iodoform, should be placed within it, under the os uteri. A syringe with the intermittent jet should be used, which will wash away with gentle force all blood-clots, and reliance should not be placed upon the feeble drip of the fountain syringe, the advantages of which are, I think, theoretical.
- 8. These vaginal injections and suppositories should, in cases of normal labor, be repeated every eight hours; in cases of difficult or instrumental labors, twice as often; and they should be kept up for at least ten days; the nurse observing to the last the precaution already mentioned of washing her hands before every approach to the genital tract of the patient.
- 9. When catheterization becomes necessary, it is safer to employ a new gum-elastic catheter, which before use should be thoroughly immersed in antiseptic fluid, and which should be destroyed at the conclusion of the case, rather than to trust to the nurse's cleansing of an old silver instrument which bears within it the register of a list of cases of septicæmia in which she has employed it during the past two or three years. It is a very common and very bad habit for nurses to own silver catheters, which they carry about with them from case to case of midwifery.
- 10. Last, but by no means least, let the physician inform himself by personal observation as to the competency of the nurse to syringe out the vagina thoroughly, to place the antiseptic suppositories just where they should be, and to use the catheter without injury to the patient. Neglect of this precaution has frequently resulted in leaving a fætid upper segment of the vagina entirely unwashed, while the antiseptic stream was limited to the lower third of the evnal.—New York Medical Journal.

, THE SECRETION OF BILE.

Baldi has made an experimental investigation of this subject (Lo Sperimentale), which again shows the singular irregularity of the flow of the bile. This alone suffices to distinguish it from the other digestive secretions. The observations of the author, so far, tend to prove that the liver, as the secretory organ of the bile, must be considered as an emunctory for the waste materials of the different tissues to be expelled. This accords with the researches of Schiff, who has shown that the bile figured into the intestine is in part reabsorbed and taken back to the liver by the portal vein, to be again exercted and returned to the intestine. Some observers doubt if the biliary matters absorbed into the blood pass again in the secretion of the liver, thinking it possible that they may serve only to excite increased secretion without passing out again by the liver. Having repeated Schiff's experiment of injecting bile into the stomach, the secretion of bile increased enormously, the bile having taken the green color of the ox-bile. The same happened when the bile was injected into the blood direct, while the urine showed no trace of biliary acids by Pettenkofer's test. All the bile was expelled by the liver, and not a trace by the kidneys. Admitting that the biliary acids (the only true specific elements of bile) are the exclusive products of the hepatic cells—and this remains to be directly proved—the fact is nevertheless true that the biliary secretion is distinguished in a characteristic manner from the other digestive fluids, by the irregularity of its flow and by its independence of any decided exciting influence of food or medicine. It presents instead many points' of contact with the urinary secretion; both depend essentially on the collective waste of the organism, the liver having an excretory faculty for the biliary materials, just as the kidneys have for the urinary materials. -N. Y. Medical Record.

PILOCARPINE IN SEVERE HICCOUGH.—In a case of severe and persistent hiccough a Dr. Rubdorfer (Br. Med. Jour., Nov. 17), in jected a solution of pilocarpine hydrochlorate (three centigrammes in a gramme of water; gr. ½—minims xv). The hiccough was cured at once and did not return. This was tried after the failure of a large number of drugs, including morphia, quinine, ehloroform, ether, zinc, bismnth, belladonna, tineture of valerian, etc.—Maryland Medical Journal.

EDITORIAL.

THE NORTH CAROLINA MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY, PUBLISHED IN WILMINGTON, N. C.

Тиомая F. Wood, M. D., Wilmington, N. C., Editor.

Original communications are solicited from all parts of the country, and especially from the medical profession of The Carolinas. Articles requiring illustrations can be promptly supplied by previous arrangement with the Editor. Any subscriber can have a specimen number sent free of cost to a friend whose attention he desires to call to the Journal, by sending the address to this office. Prompt remittances from subscribers are absolutely necessary to enable us to maintain our work with vigor and acceptability. All remittances must be made payable to Thomas F. Wood, M. D., P. O. Drawer 791, Wilmington, N. C.

THE TOBACCO QUESTION TO BE RE-INVESTIGATED.

We announced in the last JOURNAL that we proposed to send out circulars asking questions of the physicians of the State, and others interested, as to the effects of tobacco upon the animal economy. So many inquiries have been made that we thought it best to make some additional statements.

One or two gentlemen have suggested the priority of making their communications anonymously, for the reason that they believe they will be freer in their statements. There is no objection to this, of course, provided the writers will furnish the Journal with their real names for authentication.

The influence of tobacco is a question of increasing importance to the profession and to the public. It is to be hoped that the veteran smokers and chewers even among the profession, may be willing to penetrate the cloud of smoke which surrounds them, and let us hear their experience from the medical stand-point. We are satisfied that there is a vast deal of experience well known to tobacco habitues, that they have not yet divulged. The late Dr. Owen

Hadley, a physician of sterling good sense, while lying helpless with paralysis, induced, as he believed, by the excessive use of tobacco, was greatly concerned that the younger members of the profession should be warned by his sad calamity, and abjure the use of the weed. On the other hand some of the ripe old patriarchs in medicine have adhered to the end, with no apparent injury. Let us have the truth, and not mere opinions. We want to make a scientific record.

THANKS TO OUR PATRONS.

Many of our subscribers have responded to our bills with remittances, and have continued their subscriptions. A few have ordered a discontinuance, but in their places we have received many more than an offset. It would be a matter of importance to the JOURNAL, if every subscriber would send the name of at least one physician who does not subscribe. It would be a friendly act, easy to perform, and we trust our friends will accede to it.

OUR ADVERTISERS have been very liberal, and we must frankly confess that without their aid we could not survive. We strive, therefore, to make it a matter of business interest for them to advertise with us. We would greatly prefer dealing directly with firms, than through advertising agents, and we can always offer them the best terms.

THE PREGNANT INSANE IN OUR STATE ASYLUMS.

We are informed by Dr. P. L. Murphy, Superintendent of the Western Insane Asylum, that insane pregnant women are admitted to the institution over which he presides. We are glad that the rules of the new asylum do not reject them, and we hope that the asylum at Raleigh will expunge the regulation which for twenty-seven years has excluded this pitiable class from the benefits of that excellent institution.

We are thoroughly convinced, that those women who become insane during the period of gestation, have a better than ordinary prospect of recovery after delivery. They are undoubtedly more troublesome patients, and but few homes can furnish continuously that degree of care which will ensure an environment suitable to a favorable issue, hence the greater necessity for the superior care which our asylum is supposed to be able to give.

REVIEWS AND BOOK NOTICES.

A Practical Treatise on Materia Medica and Therapeutics. By Roberts Bartholow, M.A., M.D., LL.D. Fifth Edition. Revised and Enlarged. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1884. Pp. 738. [Price in cloth \$5.00.]

Only two years have elapsed since the fourth edition of Prof. Bartholow's work was published. This edition was prepared to bring it up to the requirements of the U.S. Pharmacopæia, of 1880.

The plan adopted by the author in the arrangement of the work, and the classification of remedies imposes no burden upon the memory of the reader. Therapeutics has so many truths to record at this stage, that there is no need for a complicated stage-work to display them upon. Nor does an author now-a-days suffer in reputation for repudiating classifications entirely.

The first part of this volume discusses the "Modes in which medicines are introduced into the organism. The second part, considers the actions and uses of remedial agents; and the third part topical remedies.

The opening pages on alimentary substances is very practical and complete. Nearly every article of food in common use is treated separately. We notice in this connection that Dr. Bartholow esteems "eggs raw, or better whipped," as "the most digestible of alimentary substances, and as their composition indicates, possess a very high degree of nutritive value." This belief is not generally endorsed, as it is well known that especially with the sick where the powers of digestion are weakened, that no substance is more liable to decomposition in its passage through the alimentary canal. The comparison of the relative nutrition afforded by Irish and sweet potatoes, as determined by analysis, indicates that the sweet-potato is the most nutritions. He says in another place (p. 39.)

"The ration of the United States soldiers imprisoned at Andersonville consisted of one third pound of bacon and one pound and a quarter of unbolted corn-meal. This amount and quality of food were insufficient to maintain the bodily functions in a healthy state, and hence vast numbers died of scorbutus, diarrhea and dysentery, and hospital gangrene. From these data we are enabled to form an estimate of the amount and kind of food necessary to maintain life in those cases of disease in which it is desirable to apply the method of denutrition.

Another equally valid deduction could be drawn from a nearly similar course of diet. The Confederate soldiers got in the field and trenches the same ration, and were as hardy a body of troops as ever came together. The Confederates had the advantage over the United States prisoners, of having more liberty, at least those not engaged day and night on the trenches, and the drainage and air were better. But the men in that part of the Confederate army on duty in the trenches around Petersburg were on guard or in line every other night; they drew water from close proximity to the sinks; they had no means of ablution; they were insufficiently warmed; their clothes were in tatters; their cookery was of the rudest kind; they had all the depression incident to forebodings of disaster; and worst of all they had to endure the anguish of mind caused by the news from their homes, of the hardships their wives and children were enduring for lack of food and clothing. It would be legitimate therefore to say, that while Northern soldiers in prison suffered greatly from a daily ration of "one third pound of bacon and one pound and a quarter of unbolted corn-meal," Southern soldiers in the field were hardy and made good recoveries from serious wounds, upon the same ration.

But to return from this digression. The discussion of the merits of transfusion places the operation where it properly belongs, as a means promising some success in cases when life is put in imminent jeopardy by hemorrhage.

The chapter on electricity covers about forty pages, and deals with the subject in a practical manner. In no department of therapeutics is there so much ignorance, so much fumbling about, among the profession at large, as in the employment of this agent, and Dr. Bartholow has done well to give the elementary details of the construction and management of apparatus as well as the therapeutic application.

The article on alcohol is well written, and is full of suggestive teaching. In one place he says: "Alcohol is a useful food in the small quantity which increases but does not impair digestion, which quickens the circulation and gland secretion but does not overstimulate, and which is within the limit of the power of the organism to dispose of by the oxidation processes. This amount has been pretty accurately shown, as stated above, to be one ounce to one ounce and a half of absolute alcohol for a healthy adult in twenty-

four hours. All excess is injurious." This extract will convey some idea of the moderate views held by the anthor, standing in strong contrast to the prevalent opinion of twenty years ago.

Bartholow's Therapeutics needs no word of commendation at our hands. It is a rich contribution to the science of therapeutics, and holds a deserved rank with the best books in this department of medical learning. If we have any fault to find with it, it is that so few new remedies are discussed; but there are very good reasons why the multitude of new medicinal agents should undergo their probation in the medical journals. Once finding its place on the office table, we are satisfied that none of our readers would be willing to part with it, but would rather be enticed to consult its pages more frequently, the better they become acquainted with it.

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS: ITS PATHOLOGY, DIAGNOSIS, AND TREATMENT. With Chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By Henry B. Millard, M.D., A.M. With Numerous Illustrations. New York: William Wood & Co., 56 and 58 LaFayette Place. 1884. 8vo. Cloth. Pp. 246.

The author gives this volume as "the result of the experience of nearly twenty-six years of hospital and extensive private practice, and of several year's study in the laboratory, of pathological and healthy kidneys of men and animals."

The illustrations were all drawn by himself with few exceptions, and four of these drawn by other hands were taken from his own preparations.

The first seven chapters are devoted to the Anatomy, Histology, and Physiology of the Kidney, and the illustrations interspersed in the text are real illustrations. Chapter VIII. is a very important discussion of the significance of the existence or non-existence of albumin in the urine, and the general conditions of its occurrence in health and disease. Recent researches which the author has made on an extensive scale, show clearly that albumin may often be found in the urine in the case of persons enjoying perfect health, without any known exciting cause, and under influences of repose, diet, &c., most calculated to prevent it, and that it often occurs in children in perfect health. (P. 37.)

The tests for albumin include the oldest as well as the most re-

cent reagents—pieric acid, brine, double iodide of mercury and potassium, and sodium tungstate.

The importance and significance of urinary casts and the nature and mode of their formation, and the general directions for examining to urine for casts and kidney epithelia, is discussed very satisfactorily in three chapters. The author takes issue with Prof. Charcot, who declares, "that the clinical importance of urinary casts has been greatly exaggerated."

Nephritis in all its forms is discussed, together with the treatment. The author reviews the action of *convallaria majalis* and is of the opinion that it is undoubtedly destined to supplant digitalis to a considerable extent.

The author defends the use of the spelling of albumen with termination *in*, because Watt's "Dictionary of Chemistry" employs it exclusively. We think a better suggestion is to apply the word albumen for egg-albumen, using the termination *in* for the proximate principle found elsewhere.

Dr. Millard has performed his task exceedingly well, and as a later contribution to all that group of disease known as Bright's Disease, we esteem it very highly.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1883. Washington: Government Printing Office. 1883.

We are indebted to Dr. John B. Hamilton, Surgeon-General M.H.S., for a copy of the above report. It is a volume of over 400 pages, well printed, and has an interest beyond the dry official details of such reports. There are many well reported cases, from the hospital case books and several illustrations of hospital plans, etc. By the way the heliotypes "showing depression of skull, corono-sagittal juncture," and the one "showing result of fracture of the mastoid bone," etc., hardly succeed as portraits.

A lengthy report of "the Yellow Fever Epidemic of 1882, in the United States and a Part of Mexico," is given, and is illustrated with maps of localities, and full explanatory notes.

A short paper by Passed Assistant Surgeon Henry R. Carter, on the Manifestations of Syphilis among Negroes. A Statistical Inquiry," contains the germs of future useful study. Dr. Carter compares 231 patients of each race, affected with syphilis. His observations are interesting and his deductions fair. We give his conclusions reminding the reader that he is writing of negro seamen.

"To conclude, it may be stated that syphilis pursues a mild course in the negro race, milder than in the white. It is marked by but few cutaneous lesions, and these mainly pustular; the mucous membrane very rarely, and then slightly, affected; nodes and periostitis rare; caries and deep ulceration rare in early syphilis, while synovial membranes are much more vulnerable. The inguinal glands also frequently suppurate.

"Among the causes acting to produce a milder type than in the whites, with whom they are compared, most common is their comparative sobriety. They rarely drink to excess, and bear alcohol better. [Exceptional eases surely, for the majority of syphilities is among those of the race addicted to drunkenness or tippling, such as musicians, hotel-porters, cab-drivers, boarding house runners, stevedores and others.] Another factor is, also, that they work South, and consequently keep the skin in free action * * * the worst cases with them, more than with the whites, are winnowed out of the class from whom these statistics are gathered, the mates [steamboats] having a good deal of consideration for a broken-down giver man, if white, and favoring him, while a negro stands only on his merits as a worker. On no other ground can I explain the absence of bone lesions in a race so strumous as this."

It is quite evident that the reporter has a limited field. He would see in a southern town the usual average of bone lesions in the number of cases he has reported. Dr. Carter admits this, and we are interested to see that this subject is at least attracting attention.

The experiment of burdening the Marine Hospital Service with extensive quarantine work, is only in its infancy. The Surgeon-General is working vigorously for its success. We do not believe that this work can be separated by him from Custom House politics, especially in the South, the section most liable to invasions of yellow fever. The service does not need the control of the quarantine to make it important, for it has shown that it can do good hospital work, and manage a large fund advantageously. It seems to us that the development of this service, lies in the direction of affording to sick sailors the best care, with the smallest expenditure of their forced contributions, and this it did acceptably, perhaps more so, before quarantine was made a part of its duty.

A TREATISE ON SYPHILIS IN THE NEW-BORN CHILDREN AND INFANTS AT THE BREAST. By P. DIDAY, ex-Surgeon to the Hospital de l'Antiquaille, Lyons. Translated by G. Whitley, M.D. With Notes and an Appendix by F. R. Sturgis, M.D. New York: William Wood & Co. 1883.

Diday on infantile syphilis is not too old to be obsolete, and more especially being revivified as it is by the notes of Dr. Sturgis, of New York, it becomes a fresh work, covering very many of the live questions of the day. The French school of syphilologists is no longer in the ascendancy, and we think too "title weight is allowed the writings of English and American authors by them, but Dr. Sturgis has edited the antiquated therapeutics of Diday, so as to make it conform to modern teaching. Could not the liberal publishers give us Br ensprang's Lie Hereditüre Syphilis for the series of 1884? It would be a fit companion for this volume.

EUGENE GRISSOM, M.D., LL.D.

Few men have the gratification of reading their biography during life time. Our good old friend, the Rev. Dr. Moses A. Cmris, received this honor at the hands of the great naturalist Rev. Dr. Bachman, of Charleston, when he (Dr. C.) was supposed to have been drowned in the Chesapeake Bay. It was very grateful to Dr. Curtis, even though embarassing to so modest a man.

In the last number of the New England Medi al Monthly there is a biographical sketch of Dr. Grissom, with a very fine frontispiece steel engraving of him. The details of his Figure as minutely given by the biographer, and are well known to his friends in No. h Carolina, as Dr. Grissom has been much in public life for many years. It must be gratifying to Dr. Grissom to be so well known away from his "native heath," and to be place! in the portrait gallery of the New England Medical Monthly, in company with such distinguished confrères.

RECTAL ATMENTATION OF MEDICINES.—A simple and expeditions way of administering all of those alkaloids which are soluble in oleic acid, is to fill a gelatine capsule with the oleate and insert as an ordinary suppository.

OBITUARY.

JAMES R. STATON, M.D.

At the regular meeting of the Medical Society of Edgecombe County on the 4th of December, 1883, the following proceedings were had:

WHEREAS, Since last we met, it has pleased Almighty God to remove (by death) from our midst, our worthy fellow and co-laborer, Dr. James R. Staton, of Tarborough, who went down of cerebrospinal meningitis, on the morning of the 23d inst., aged about 26 years; therefore, be it

Resolved, That while we bow in humble submission to this visitation of an Allwise Providence, we feel most sensibly the great loss to this association, and the community at large, of one whose future

career promised so well.

Resolved, That the members of this Society wear the usual badge

of mourning for thirty days.

Resolved, That the preamble and resolutions be spread upon the Minutes of this Society, and a copy of the same be sent to the family of the deceased, with the most profound sympathy of this body.

N. J. Pittman, M.D.,
Don Williams, M.D.,
R. H. Speight, M.D.,

George S. Lloyd, Secretary.

BOOKS AND PAMPHLETS RECEIVED.

The Increase of Insanity in the United States. Its Causes and Sources. By Foster Pratt, M.D., Kalamazoo, Michigan. A Paper read before "The American Public Health Association," at Detroit, Mich. Nov. 15th, 1883. Kalamazoo, Mich.: H. H. Everard & Co., Printers.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Year 1883. Washington: Government Printing Office. 1883.

The Electro-Ostcotome. A New Instrument for the Performance of the Operation of Ostcotomy. By Dr. Milton Josiah Roberts. Reprinted from the N. Y. Medical Record. New York: John J. O'Brien, Printer, 397 Fourth Avenue.

Introductory Address delivered before the Medical Class of Dartmonth College, Angust 1st, 1883. Louis Elsberg, A.M., M.D. Published by the Class. 1883.

Annual Report of J. L. Meares, M.D., Health Officer of the City and County of San Francisco for the Fiscal Year ending June 30th, 1883. San Francisco: George Spaulding & Co., Printers, 414 Clay Street, below Sansome.

Transactions of the St. Louis Obstetrical and Gynecological Society, 1882-83. Reprint from the St. Louis Courier of Medicine, James H. Chambers & Co. 1883.

Annual Report of the National Board of Health for the Fiscal Year ending June 30, 1883. Washington, D. C.: Gibson Brothers, Printers.

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